



17-029

19065 Hickory Creek Dr. | TEL. 708.478.7030
Suite 115 | FAX. 708.478.7094
Mokena, IL 60448 | www.murer.com

July 10, 2017

Courtney Avery, Administrator
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

Please find enclosed with this cover letter a completed Certificate of Need Application, submitted on behalf of applicants DaVita, Inc. and Adiron Dialysis, LLC. The applicants propose to establish an in-center hemodialysis facility at 1985 North Mannheim Road, Melrose Park, Illinois 60160.

As detailed within the application, this project is subject to substantive review because it involves the establishment of a health care facility. The proposed project will increase access to high quality dialysis services within the community.

Thank you for your attention to this matter. Please do not hesitate to contact me if you have any questions regarding the proposed project to establish an in-center hemodialysis facility.

Sincerely,

Bryan Niehaus, JD, CHC
Senior Consultant
Murer Consultants, Inc.

CC: Gaurav Bhattacharyya, Vice President, DaVita, Inc.
Timothy Tincknell, Administrator, DaVita, Inc.



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**RECEIVED****SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

JUL 12 2017

This Section must be completed for all projects.

**HEALTH FACILITIES &
SERVICES REVIEW BOARD****Facility/Project Identification**

Facility Name: Melrose Village Dialysis		
Street Address: 1985 North Mannheim Road		
City and Zip Code: Melrose Park, Illinois 60160		
County: Cook	Health Service Area: 7	Health Planning Area: 7

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Davita Inc.	
Street Address: 2000 16 th Street	
City and Zip Code: Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Service Company	
Registered Agent Street Address: 801 Adlai Stevenson Drive	
Registered Agent City and Zip Code: Springfield, Illinois 62703	
Name of Chief Executive Officer: Kent Thiry	
CEO Street Address: 2000 16 th Street	
CEO City and Zip Code: Denver, CO 80202	
CEO Telephone Number: 303-405-2100	

Type of Ownership of Applicants

- | | |
|--|--|
| <input type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership |
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other | |
- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
 - Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**Primary Contact** [Person to receive ALL correspondence or inquiries]

Name: Bryan Niehaus
Title: Senior Consultant
Company Name: Murer Consultants, Inc.
Address: 19065 Hickory Creek Dr. Suite 115, Mokena, IL 60448
Telephone Number: 708-478-7030
E-mail Address: bnierhaus@murer.com
Fax Number: 708-478-7094

Additional Contact [Person who is also authorized to discuss the application for permit]

Name: Tim Tincknell
Title: Administrator
Company Name: Davita Inc.
Address: 2484 North Elston Avenue, Chicago, Illinois 60647
Telephone Number: 773-278-4403
E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Melrose Village Dialysis		
Street Address: 1985 North Mannheim Road		
City and Zip Code: Melrose Park, Illinois 60160		
County: Cook	Health Service Area: 7	Health Planning Area: 7

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Adiron Dialysis, LLC	
Street Address: 2000 16 th Street	
City and Zip Code: Denver, CO 80202	
Name of Registered Agent: Illinois Corporation Service Company	
Registered Agent Street Address: 801 Adlai Stevenson Drive	
Registered Agent City and Zip Code: Springfield, Illinois 62703	
Name of Chief Executive Officer: Kent Thiry	
CEO Street Address: 2000 16 th Street	
CEO City and Zip Code: Denver, CO 80202	
CEO Telephone Number: 303-405-2100	

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|---|--|
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| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Other | |
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Title: Senior Consultant
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E-mail Address: timothy.tincknell@davita.com
Fax Number: 866-586-3214

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960]

Name: Bryan Niehaus
Title: Senior Consultant
Company Name: Murer Consultants, Inc.
Address: 19065 Hickory Creek Dr. Suite 115, Mokena, IL 60448
Telephone Number: 708-478-7030
E-mail Address: bniehhaus@murer.com
Fax Number: 708-478-7094

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: V & V, LLC
Address of Site Owner: 5515 N Francisco, Chicago, IL 60625
Street Address or Legal Description of the Site: 1985 North Mannheim Road, Melrose Park, Illinois 60160.
See Attachment 2 for the Legal Description of the Site.

APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Adiron Dialysis, LLC	
Address: 2000 16 th Street, Denver, CO 80202	
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
Other	
<ul style="list-style-type: none">○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	

APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT 5 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT 6 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- ☒ Substantive
☐ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

DaVita Inc. and Adiron Dialysis, LLC (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis facility located at 1985 North Mannheim Road, Melrose Park, Illinois 60160. The proposed dialysis facility will include a total of 8,052 contiguous rentable square feet.

This project has been classified as substantive because it involves the establishment of a health care facility.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$846,244	\$518,184	\$1,364,428
Contingencies	\$125,000	\$75,000	\$200,000
Architectural/Engineering Fees	\$97,152	\$59,472	\$156,624
Consulting and Other Fees	\$67,977	\$32,131	\$100,108
Movable or Other Equipment (not in construction contracts)	\$536,973	\$120,122	\$657,095
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$535,554	\$327,939	\$863,493
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,208,900	\$1,132,848	\$3,341,748
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,673,346	\$804,909	\$2,478,255
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$535,554	\$327,939	\$863,493
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,208,900	\$1,132,848	\$3,341,748

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Purchase Price: \$ _____ Fair Market Value: \$ _____
The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100. Estimated start-up costs and operating deficit cost is \$ <u>2,738,928..</u>

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

- ☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): June 30, 2019

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

- ☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals [Section 1130.620(c)]

Are the following submittals up to date as applicable:

- ☐ Cancer Registry
☐ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (BGSF)** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT 9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available**. Include **observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **Incomplete**.

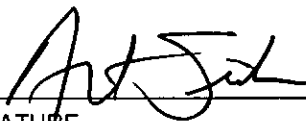
FACILITY NAME:		CITY:			
REPORTING PERIOD DATES:					
		From:		to:	
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify))					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of ***Adiron Dialysis, LLC*** in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal



SIGNATURE

Michael D. Staffieri

PRINTED NAME

Chief Operating Officer- Kidney Care

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 9th day of December 2016

Signature of Notary

Seal

CONSTANCE L CATHEY
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20324033248
MY COMMISSION EXPIRES JANUARY 16, 2018

*Insert EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On December 7, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

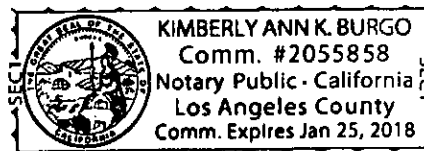
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson - Certificate re CON Application (Adiron Dialysis, LLC)

Document Date: December 7, 2016

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Adiron Dialysis, LLC

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
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- o in the case of a sole proprietor, the individual that is the proprietor.

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SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Secretary

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

SIGNATURE

Michael D. Staffieri

PRINTED NAME

Chief Operating Officer – Kidney Care

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 8th day of December 2014

Signature of Notary

Seal

CONSTANCE L CATHEY
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20324033248
MY COMMISSION EXPIRES JANUARY 16, 2018

*Insert EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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County of Los Angeles

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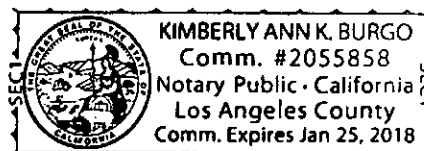
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

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CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Adiron Dialysis, LLC

Please note that the certification pages were executed for this application in anticipation of an earlier filing date. The project was subsequently delayed. However, all the information within this application remains complete, current, and accurate.

SECTION III. BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Background

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.230 – Purpose of the Project, and Alternatives

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate.**

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Staff Report. APPEND DOCUMENTATION AS ATTACHMENT 12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify ALL of the alternatives to the proposed project:

Alternative options must include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT 13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT 14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT 15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function.
3. Evidence that the shell space is being constructed due to:
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data is available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT 17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

F. Criterion 1110.1430 - In-Center Hemodialysis

- Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service must submit the following information:
- Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	12

- READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(c)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(c)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(c)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(c)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(d)(1) - Unnecessary Duplication of Services	X		
1110.1430(d)(2) - Maldistribution	X		
1110.1430(d)(3) - Impact of Project on Other Area Providers	X		
1110.1430(e)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.1430(f) - Staffing	X	X	
1110.1430(g) - Support Services	X	X	X
1110.1430(h) - Minimum Number of Stations	X		
1110.1430(i) - Continuity of Care	X		
1110.1430(j) - Relocation (if applicable)	X		
1110.1430(k) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 24, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

- Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1130.525 - "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.1430(j) - Relocation of an in-center hemodialysis facility.

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18-month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VII. 1120.120 - AVAILABILITY OF FUNDS

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable [Indicate the dollar amount to be provided from the following sources]:

\$2,478,255	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
\$863,493 (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital

	improvements to the property and provision of capital equipment;
	5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$3,341,748	TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT 34 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner

consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** projects [1120.20(c)].

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer (20 ILCS 3960/3). Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 41.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc. and Adiron Dialysis, LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Adiron Dialysis, LLC will be the operator of Melrose Village Dialysis. Melrose Village Dialysis is a trade name of Adiron Dialysis, LLC and is not separately organized. DaVita Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita Inc. from the state of its incorporation, Delaware, is attached.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2391269 8300

SR# 20165704525

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202957561

Date: 09-08-16



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADIRON DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 06, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of DECEMBER A.D. 2016 .

Jesse White

SECRETARY OF STATE

Authentication #: 1634203272 verifiable until 12/07/2017

Authenticate at: <http://www.cyberdriveillinois.com>

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between V & V, LLC and Adiron Dialysis, LLC to lease the facility located at 1985 North Mannheim Road, Melrose Park, Illinois 60160 is attached at Attachment – 2.

The legal description of the site is also attached at Attachment – 2.



77 West Wacker Drive, Suite 1800
Chicago, IL 60601
Web: www.cushmanwakefield.com

February 8, 2017

Jason R. Lenhoff
1130 Lake Cook Rd, Suite 280
Buffalo Grove, IL 60089

RE: LOI – 1985-1997 N. Mannheim Rd, Melrose Park, IL 60160

Mr. Lenhoff:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita HealthCare Partners, Inc. to assist in securing a lease requirement. DaVita HealthCare Partners, Inc. is a Fortune 200 company with revenues of approximately \$13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 internationally.

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

<u>PREMISES:</u>	1985-1997 N. Mannheim Rd, Melrose Park, IL 60160
<u>TENANT:</u>	Total Renal Care, Inc. or related entity to be named
<u>LANDLORD:</u>	V & V, LLC
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 8,052 SF of contiguous rentable square feet known as Unit 1985-1997 on the site plan. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
<u>PRIMARY TERM:</u>	10 years from Rent Commencement, with a ten percent (10%) increase every five (5) years
<u>BASE RENT:</u>	\$15.36psf NNN \$123,678.72 per year
<u>ADDITIONAL EXPENSES:</u>	Operating expense costs are estimated at \$8.15 psf in the first full lease year and no greater than 5% increases annually thereafter, excluding Real Estate Taxes, insurance, site utilities, site electric, snow and ice removal.
<u>LANDLORD'S MAINTENANCE:</u>	Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

**POSSESSION AND
RENT COMMENCEMENT:**

Subject to Force Majeure, Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 90 days from lease execution and waiver of contingencies. Rent Commencement shall be the earlier of six (6) months from Possession or the date each of the following conditions have occurred:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form.

USE:

Subject to existing exclusives, the operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

PARKING:

Landlord shall provide six (6) patient parking stalls in the section nearest to the entrance of the Premises.

BUILDING SYSTEMS:

Landlord shall warrant that the building's roof and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.

BASE BUILDING:

In addition, Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in the structure including the exterior walls, lintels, floor and roof framing or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved by a Structural Engineer and Tenant. Landlord will deliver the premises to Tenant in an "As Is, Where Is" condition. Tenant will do any and all buildout of the premises as necessary.

TENANT IMPROVEMENTS:

Landlord shall provide a \$15.00psf tenant allowance, payable as specified in the lease.

Tenant shall have the option to have the TIA paid directly to Tenant or Tenant's general contractor and/or sub-contractors on a monthly draw basis with a sworn statement and Lien Waiver for any dollar amount exceeding three thousand dollars (\$3,000.00). TIA to be Tenant's sole discretion, right to select architectural and engineering firms, no supervision fees associated with construction, no charges may be imposed by landlord for the use of loading docks, freight elevators during construction, shipments and landlord to pad elevators, etc.

OPTION TO RENEW:

Three (3), five (5) year options to renew the lease with no less than six (6) months written notice to Landlord. Option rent shall be increased by 10% after Year 10 of the initial term and following each successive five-year option periods.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed within 90 days from the later of lease execution or waiver of contingencies, Tenant may elect to receive one day of rent abatement for every day of delay beyond the 90 day delivery period.

HOLDING OVER:

Tenant shall be obligated to pay 125% for the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, should such pylon or monument signage be available, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS:

Maximum hours per Village of Melrose Park code.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Healthcare Partners, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval. Parent company shall remain as Guarantor of the Lease.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee, subject to Village of Melrose Park code and ordinances, and any other lease restrictions.

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within a three (3) mile radius of Premises, with the exception of any existing leases which may be in place upon future purchases. This Non-Compete is valid for the initial term of the lease only, and shall not apply to any

Option Periods should the Tenant elect to renew the lease for any term thereafter.

HVAC:

As part of Landlord's work, Landlord shall provide HVAC units meeting Tenant's specifications.

DELIVERIES:

TBD

**GOVERNMENTAL
COMPLIANCE:**

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee pursuant to a separate agreement.



It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew Gramlich

CC: DaVita Regional Operational Leadership
DaVita Team Genesis Real Estate

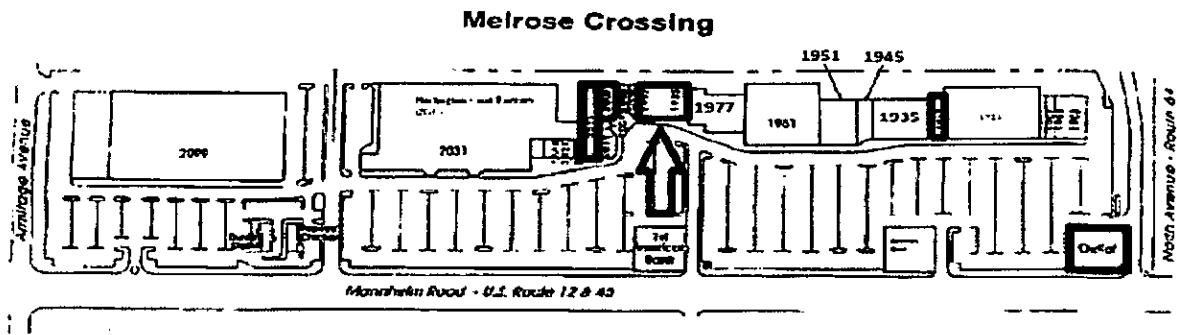
SIGNATURE PAGE

LETTER OF INTENT:1985-1997 N. MANNHEIM RD
MELROSE PARK, IL 60160AGREED TO AND ACCEPTED THIS 14 DAY OF FEBRUARY 2017By: On behalf of Total Renal Care, Inc., a wholly owned subsidiary of DaVita
Healthcare Partners, Inc.
("Tenant")AGREED TO AND ACCEPTED THIS 8th DAY OF FEBRUARY 2017By: Vand V LLC
("Landlord")

EXHIBIT A**NON-BINDING NOTICE**

NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPARATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR C&W) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR C&W INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. C&W IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES C&W HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.

PRELIMINARY SITE PLAN SUBJECT TO CHANGE



PARCEL 1:

LOT 3 IN K & M - VENTURE RESUBDIVISION OF LOTS 1 AND 2 IN MANNHEIM-NORTH COMMERCIAL SUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENT FOR THE BENEFIT OF PARCEL 1 FOR INGRESS AND EGRESS OVER A STRIP OF LAND 30 FEET IN WIDTH AS RESERVED IN DEED FROM INTERNATIONAL HARVESTER COMPANY TO INDIANA HARBOR BELT RAILROAD COMPANY, RECORDED DECEMBER 7, 1955, AS DOCUMENT 16440486, AND AS SET FORTH IN DEEDS RECORDED DECEMBER 9, 1985, AS DOCUMENTS 85316181 AND 85316182 FROM INTERNATIONAL HARVESTER COMPANY TO JOHN ZAWALINSKI AND FROM JOHN M. ZAWALINSKI TO AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST NUMBER 65769, ACROSS THE FOLLOWING LAND:

THE SOUTH 16.50 FEET OF THE NORTH 49.50 FEET OF THE SOUTHWEST 1/4 OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPT THE WEST 50 FEET THEREOF DEDICATED FOR THE EAST 1/2 OF MANNHEIM ROAD, AND EXCEPT THAT PART LYING EAST OF THE FOLLOWING DESCRIBED LINE: BEGINNING AT A POINT WHICH IS 296.51 FEET WEST OF THE WEST LINE OF CORNELL AVENUE, MEASURED ALONG A LINE PARALLEL TO THE NORTH LINE OF SAID SOUTHWEST 1/4, AND 92.2 FEET SOUTH OF THE NORTH LINE OF SAID SOUTHWEST 1/4, AS MEASURED ALONG A LINE MAKING AN ANGLE WITH THE NORTH LINE OF SAID SOUTHWEST 1/4 OF 90 DEGREES 26 MINUTES DEFLECTED FROM WEST TO SOUTH; THENCE NORTH A DISTANCE OF 92.2 FEET ALONG THE LAST DESCRIBED LINE TO THE NORTH LINE OF SAID SOUTHWEST 1/4; SAID EASEMENT TO BE AT LOCATION KNOWN AS GATE 5A AS OF THE DATE OF SAID DEEDS OR AT SUCH OTHER RELOCATIONS OF GATE 5A AS MAY BE REQUIRED BY THE GRANTOR FROM TIME TO TIME.

PARCEL 3:

EASEMENTS FOR THE BENEFIT OF PARCEL 1 AS CREATED, LIMITED AND DEFINED IN CONSTRUCTION, OPERATION AND RECIPROCAL EASEMENT AGREEMENT RECORDED DECEMBER 9, 1985, AS DOCUMENT 85316185, AS SUPPLEMENTED BY JUNIOR DECLARATION OF MUTUAL RECIPROCAL EASEMENTS, COVENANTS AND RESTRICTIONS RECORDED AUGUST 14, 1987, AS DOCUMENT 87452704, MADE BY AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST NUMBER 65769, AND ANTHONY A. PETRARCA, AND ASSIGNED TO HIGH EQUITY PARTNERS L.P. - SERIES 86, AND AS SUPPLEMENTED FROM TIME TO TIME BY JUNIOR DECLARATIONS OF MUTUAL AND RECIPROCAL EASEMENTS, COVENANTS RESTRICTIONS FOR THE VARIOUS LOTS ORIGINALLY OWNED BY AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST NUMBER 65769, FOR INGRESS AND EGRESS, PASSAGE OF VEHICLES AND PEDESTRIANS, PARKING, UTILITY FACILITIES, CONSTRUCTION, BUILDING ELEMENTS AND ROOF FLASHING ENCROACHMENTS, COMMON AREA IMPROVEMENTS AND EXTERIOR LIGHTS IN THOSE LOCATIONS SPECIFIED IN SAID AGREEMENT AND IN THAT CERTAIN JOINT IMPROVEMENT AGREEMENT DATED DECEMBER 9, 1985, MADE BY AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST NUMBER 65769, AND THE MAY

CONTINUED ON NEXT PAGE

DEPARTMENT STORES COMPANY.

PARCEL 4:

EASEMENT FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN LICENSE AGREEMENT FOR PRIVATE GRADE CROSSING RECORDED FEBRUARY 25, 1986, AS DOCUMENT 86077228, MADE BY THE INDIANA HARBOR BELT RAILROAD COMPANY AND AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST NUMBER 65769, TO CONSTRUCT, USE, MAINTAIN, REPAIR, RENEW AND ULTIMATELY REMOVE A TIMBER ASPHALT RAILROAD CROSSING OVER THE INDIANA HARBOR BELT RAILROAD COMPANY TRACKS AS SHOWN ON THE PLANS PREPARED BY MACKIE CONSULTANTS, INC. DATED SEPTEMBER 16, 1985, AND LOCATED ON THAT PORTION OF THE INDIANA HARBOR BELT RAILROAD RIGHT-OF-WAY AND TRACK LYING (A) SOUTH OF ARMITAGE AVENUE (B) NORTH OF LOT 1 IN K & M - VENTURE RESUBDIVISION OF LOTS 1 AND 2 IN MANNHEIM-NORTH COMMERCIAL SUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND (C) BETWEEN THE EAST LINE OF SAID LOT 1 IN K & M - VENTURE RESUBDIVISION, AS EXTENDED NORTH, AND A LINE 40 FEET TO THE WEST THEREOF, AS SHOWN ON INDIANA HARBOR BELT RAILROAD COMPANY PLAT NO. 16156-U-4 DATED OCTOBER 16, 1985.

PARCEL 5:

EASEMENT FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN LICENSE AGREEMENT FOR WIRE, PIPE AND CABLE, TRANSVERSE CROSSINGS AND LONGITUDINAL OCCUPATIONS RECORDED FEBRUARY 25, 1986, AS DOCUMENT 86077227, MADE BY THE INDIANA HARBOR BELT RAILROAD COMPANY AND AMERICAN NATIONAL BANK AND TRUST COMPANY OF CHICAGO, AS TRUSTEE UNDER TRUST NUMBER 65769, TO CONSTRUCT, MAINTAIN, REPAIR, RENEW, RELOCATE AND ULTIMATELY REMOVE ONE (1) 48 INCH STORM SEWER PIPE AND ONE (1) 12 INCH WATER MAIN, CROSSING UNDER THE INDIANA HARBOR BELT RAILROAD RIGHT-OF-WAY AND TRACK LOCATED ON THAT PORTION OF THE INDIANA HARBOR BELT RAILROAD RIGHT-OF-WAY AND TRACK LYING (A) SOUTH OF ARMITAGE AVENUE, (B) NORTH OF LOT 1 IN K & M - VENTURE RESUBDIVISION OF LOTS 1 AND 2 IN MANNHEIM-NORTH COMMERCIAL SUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND (C) BETWEEN THE EAST LINE OF SAID LOT 1 IN K & M - VENTURE RESUBDIVISION, AS EXTENDED NORTH, AND A LINE 40 FEET TO THE WEST THEREOF, AS SHOWN ON INDIANA HARBOR RAILROAD COMPANY PLAT NO. 16157-U-4 DATED OCTOBER 16, 1985.

PARCEL 6:

LOT 7 IN K & M - VENTURE RESUBDIVISION OF LOTS 1 AND 2 IN MANNHEIM-NORTH COMMERCIAL SUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Section I, Identification, General Information, and Certification
Operating Entity/Licensee

The Illinois Certificate of Good Standing for Adiron Dialysis, LLC is attached at Attachment – 3. The names and percentages ownership of all persons with a five percent or greater ownership in Adiron Dialysis, LLC is listed below.

Name	Address	Ownership Interest
DaVita Inc.	2000 16 th Street Denver, Colorado 80202	51% (Indirect)
Total Renal Care Inc.	2000 16 th Street Denver, Colorado 80202	51% (Direct)
DuPage Medical Group, Ltd.	1100 W. 31st St. Downers Grove, IL 60515	25% (Direct)
Primecare Nephrology and Hypertension	1111 Superior Street, Suite 204, Melrose Park, Illinois 60160	14% (Direct)
Dr. Osvaldo Wagener	1111 Superior Street, Suite 204, Melrose Park, Illinois 60160	7% (Indirect)
Dr. Rajani Kosuri	1111 Superior Street, Suite 204, Melrose Park, Illinois 60160	7% (Indirect)
Cocao Associates Inc.	2222 West Division Street, Suite 210, Chicago, Illinois 60622	10% (Direct)
Dr. Ogbonnaya Aneziokoro	2222 West Division Street, Suite 210, Chicago, Illinois 60622	5% (Indirect)
Dr. Isabella Gurau	2222 West Division Street, Suite 210, Chicago, Illinois 60622	5% (Indirect)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ADIRON DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 06, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of DECEMBER A.D. 2016 .***

Jesse White

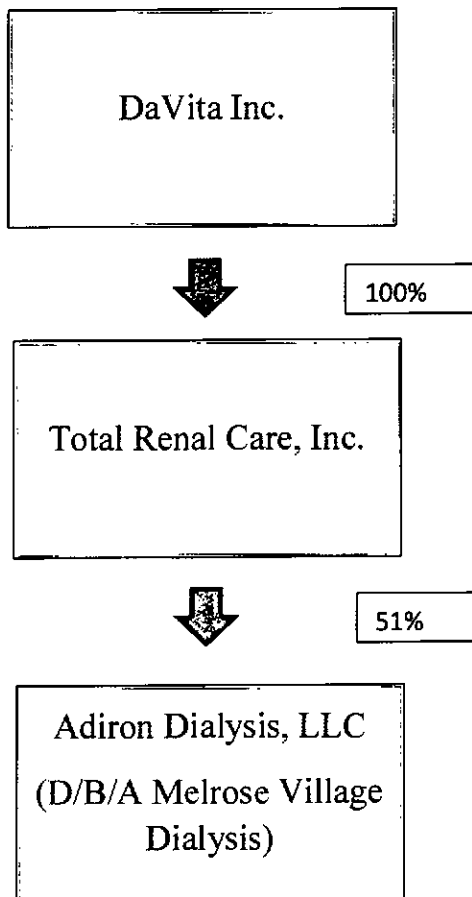
SECRETARY OF STATE

Authentication #: 1634203272 verifiable until 12/07/2017
Authenticate at: <http://www.cyberdriveillinois.com>

Section I, Identification, General Information, and Certification
Organizational Relationships

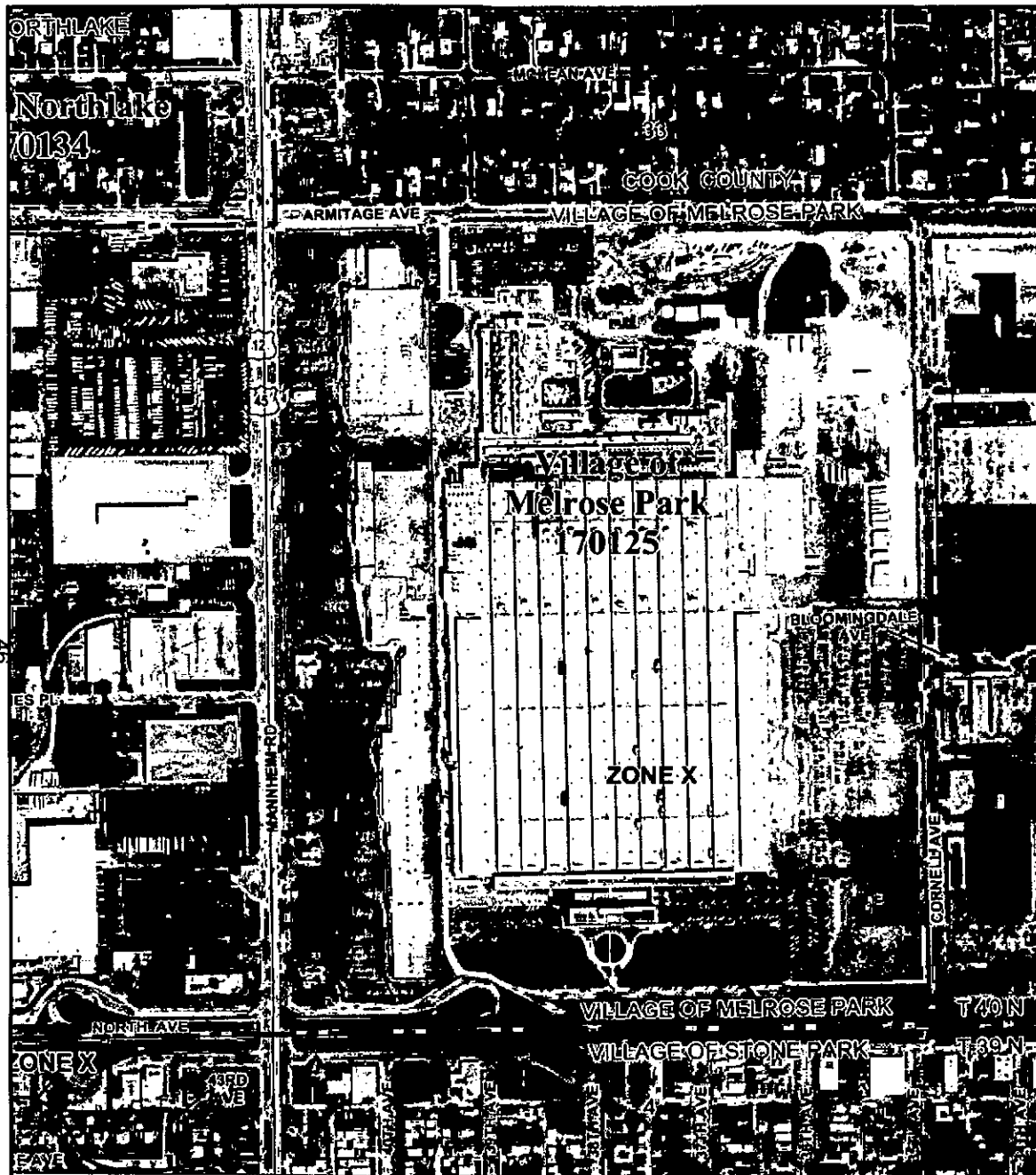
The organizational chart for DaVita Inc., Adiron Dialysis, LLC, and Melrose Village Dialysis is attached at Attachment – 4.

ORGANIZATIONAL CHART

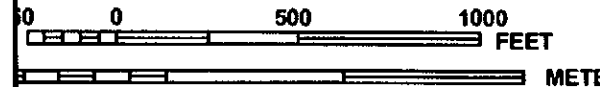


Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 1985 North Mannheim Road, Melrose Park, Illinois 60160. As shown on the FEMA flood plain map attached at Attachment – 5, the site of the proposed dialysis facility is located outside of a flood plain.



MAP SCALE 1" = 500'



NFIP

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0367J

FIRM

FLOOD INSURANCE RATE MAP
COOK COUNTY,
ILLINOIS
AND INCORPORATED AREAS

PANEL 367 OF 832

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
COOK COUNTY	170054	0367	J
FRANKLIN PARK, VILLAGE OF	170094	0367	J
MELROSE PARK, VILLAGE OF	170125	0367	J
NORTHLAKE, CITY OF	170134	0367	J
STONE PARK, VILLAGE OF	170165	0367	J

Notice to User: The Map Number shown below should be used when placing map orders. The Community Number shown above should be used on insurance applications for the subject community.



MAP NUMBER
17031C0367J

MAP REVISED
AUGUST 19, 2008

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov

Section I, Identification, General Information, and Certification

Historic Resources Preservation Act Requirements

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.



Illinois Historic Preservation Agency

FAX (217) 524-7525

1 Old State Capitol Plaza • Springfield, Illinois 62701-1507 • (217) 782-4836 • TTY (217) 524-7128

Cook County

Melrose Park

CON - Lease to Establish a 12-Station Dialysis Facility

1985 N. Mannheim Road

IHPA Log #010112316

December 8, 2016

Timothy Tincknell
DaVita Healthcare Partners, Inc.
1600 W. 13th St., Suite 3
Chicago, IL 60608

Dear Mr. Tincknell:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Cost	Clinical	Non-Clinical	Total
New Construction Contracts			
Modernization Contracts	\$846,244	\$518,184	\$1,364,428
Site Survey and Soil Investigation			
Contingencies	\$125,000	\$75,000	\$200,000
Architectural/Engineering Fees	\$97,152	\$59,472	\$156,624
Consulting and Other Fees	\$67,977	\$32,131	\$100,108
Moveable and Other Equipment			
Communications	\$80,144		\$80,144
Water Treatment	\$153,275		\$153,275
Bio-Medical Equipment	\$11,550		\$11,550
Clinical Equipment	\$273,944		\$273,944
Clinical Furniture/Fixtures	\$18,060		\$18,060
Lounge Furniture/Fixtures		\$3,855	\$3,855
Storage Furniture/Fixtures		\$5,862	\$5,862
Business Office Fixtures		\$49,905	\$49,905
General Furniture/Fixtures		\$48,500	\$48,500
Signage		\$12,000	\$12,000
Total Moveable and Other Equipment	\$536,973	\$120,122	\$657,095
Fair Market Value of Leased Space	\$535,554	\$327,939	\$863,493
Total Project Costs	\$2,208,900	\$1,132,848	\$3,341,748

Section I, Identification, General Information, and Certification
Project Status and Completion Schedules

The Applicants anticipate project completion within approximately 18 months of project approval.

Further, although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the facility, with the intent of project obligation being contingent upon permit issuance.

Section I, Identification, General Information, and Certification
Cost Space Requirements

Cost Space Table							
Dept./Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
CLINICAL							
ESRD	\$2,208,900		4,994		4,994		
Total Clinical	\$2,208,900		4,994		4,994		
NON REVIEWABLE							
NON-CLINICAL	\$1,132,848		3,058		3,058		
Total Non-Reviewable	\$1,132,848		3,058		3,058		
TOTAL	\$3,341,748		8,052		8,052		

Section I, Identification, General Information, and Certification
Current Approved Projects

DaVita Current Projects			
Project Number	Name	Project Type	Completion Date
15-020	Calumet City Dialysis	Establishment	7/31/2017
15-025	South Holland Dialysis	Relocation	10/31/2017
15-032	Morris Dialysis	Relocation	4/30/2017
15-035	Montgomery County Dialysis	Establishment	4/30/2017
15-048	Park Manor Dialysis	Establishment	2/28/2018
15-049	Huntley Dialysis	Establishment	2/28/2018
15-052	Sauget Dialysis	Expansion	8/31/2017
15-054	Washington Heights Dialysis	Establishment	9/30/2017
16-004	O'Fallon Dialysis	Establishment	9/30/2017
16-016	Jerseyville Dialysis	Expansion	6/30/2017
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	6/30/2018
16-016	Jerseyville Dialysis	Expansion	6/30/2017
16-023	Irving Park Dialysis	Establishment	8/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-037	Foxpoint Dialysis	Establishment	7/31/2018
16-040	Jerseyville Dialysis	Expansion	7/31/2018
16-041	Taylorville Dialysis	Expansion	7/31/2018
16-051	Whiteside Dialysis	Relocation	3/31/2019

DuPage Medical Group, Ltd. Current Projects			
Project Number	Name	Project Type	Completion Date
16-028	Surgical Center of DuPage Medical Group	Expansion	09/30/2017

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(a), Project Purpose, Background and Alternatives

1. Background of the Applicant

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of Melrose Village Dialysis, a 12-station in-center hemodialysis facility to be located at 1985 North Mannheim Road, Melrose Park, Illinois 60160.

ADIRON DIALYSIS, LLC (d/b/a MELROSE VILLAGE DIALYSIS)

With ultimate control of Adiron Dialysis through Total Renal Care Inc.'s 51% membership interest, DaVita Inc. is an applicant for the proposed facility. In addition, DuPage Medical Group, Ltd ("DMG") holds a significant minority interest in Adiron Dialysis, LLC. DaVita and DMG are leaders within the medical community and strive to continually improve clinical outcomes and deliver the highest level of care through innovative practices. DaVita and DMG envision that the Melrose Village Dialysis station will address a need for ESRD services within the community.

DaVita consistently differentiates itself from other kidney care companies and surpasses national averages for clinical outcomes. DuPage Medical Group distinguishes itself through quality care, with clinical outcomes and cost savings for DMG's Medicare programs ranking in the top percentile for the nation. DaVita's proprietary patient care tools, educational resources, quality initiatives, and in-center hemodialysis operational expertise, along with DMG's medical staff collaboration, integrated EHR systems, patient-oriented health portal, and robust administrative support tools, will support ESRD patients along their continuum of care.

Today, chronic kidney disease ("CKD") and end stage renal disease ("ESRD") is common and associated with excess mortality. A diagnosis of CKD is ascribed to over 10 million people within the United States, with many more at risk. The rise in diabetes mellitus and hypertension are contributing to the rise in CKD and ESRD, with these risk factors highly prevalent throughout the United States.

An optimal care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Early identification of CKD and deliberate treatment of ESRD by multidisciplinary teams leads to improved disease management and care, mitigating the risk of disease advancement and patient mortality.

Accordingly, timely referral to and treatment by a multidisciplinary clinical team may improve patient outcomes and reduce cost. Indeed, research has found that late referral and suboptimal care result in higher mortality and hospitalization rates¹. Deficient knowledge about appropriate timing of patient referrals and poor communication between primary care physicians ("PCPs") and nephrologists have been cited as key contributing factors².

Critically, addressing the failure of communication and coordination among PCPs, nephrologists, and other specialists may alleviate a systemic barrier to mitigating the risk of patient progression from CKD to ESRD, and to effective care of patients with ESRD. Indeed a 2016 issue brief developed by the National Kidney Foundation and the Medicare Advantage Care Coordination ("MACC") Task Force found that

¹ Navaneethan SD, Aloudat S, Singh S. A systematic review of patient and health system characteristics associated with late referral in chronic kidney disease. *BMC Nephrol.* 2008; 9:3.

² *Id.*

because most patients with kidney disease have multiple complex health conditions, and see multiple providers and specialists, care coordination presents a particular challenge³.

Currently, DMG patients from the near western suburbs who require dialysis services may be removed from DMG's continuum of care. Remaining within DMG's continuum of care optimizes patient health and outcomes through provider collaboration and coordinated administrative tools. In addition to research emphasizing the value of care coordination among providers, research has generally displayed that the more information on a single EHR, the better the outcomes are for patient care. Patients receiving care on a single integrated EHR often experience reduced clinical errors and better outcomes as a result.⁴ With the development of the proposed facility, patient data generated at the dialysis facility will be migrated to the EHR systems accessible by all DMG providers.

This data integration ensures their PCP, nephrologist, and other specialists can access the patient dialysis records on demand. The applicants have the ability to design additional functionalities to address communication and coordination issues between physicians. This removes administrative burden and alleviates risks that a patient's PCP or specialist is missing information regarding their care, including dialysis treatments. By streamlining these processes, the applicants anticipate improved patient care and experiences.

The tailoring of familiar DaVita and DMG tools eases the burden on physicians and enhances the likelihood of success. In fact, studies have indicated that alleviating the perceived burden by physicians of implementation and participation to be vital to the success of new mechanisms designed to improve care⁵.

Patients will be empowered through DaVita and DMG's interest in the Melrose Village Dialysis facility. DMG's "MyChart" enables a patient to access all their billing records and medical records stored within DMG's Epic-based EHR system. Similarly, DaVita maintains the "DaVita Health Portal," which tracks a patient's progress by sharing the patient's lab values, nutrition reports, health records, and for DaVita Rx members: prescriptions and medication lists. DMG and DaVita will integrate patient information from dialysis services and make it available to the patients through MyChart & DaVita Health Portal.

Through the development of the proposed facility, DMG and DaVita will improve the identification and treatment of CKD and ESRD patients. The increased communication and improvement in co-management between PCPs, nephrologists, and specialists will decrease disease progression, mortality rates, and hospitalization rates.

As detailed below, the applicants have the requisite qualifications, background, character and financial resources to provide dialysis services to the community. As discussed above, the applicants have a unique opportunity to develop an innovative continuum of care designed to improve the lives of area residents requiring dialysis treatment.

DAVITA, INC.

Pursuant to 20 ILCS 3960/2, the applicant DaVita Inc. has the requisite qualifications, background, character and financial resources to adequately provide a proper service for the community.

DaVita Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. As of September 30, 2016, DaVita provided services to approximately 199,000 patients. As

³http://medicarechoices.org/wp-content/uploads/2016/04/MACC-Task-Force_CKD-and-Care-Coordination-Working-Together-to-Improve-Outcomes.pdf

⁴ Nir Menachemi, Taleah H Collum, Risk Management Healthcare Policy. 2011; 4: 47–55. May 11, 2011).

⁵ Id.

detailed below, DaVita is committed to innovation, improving clinical outcomes, compassionate care, educating and empowering patients, and community outreach.

DaVita is focused on providing quality care.

Based upon 2016 data from the Centers for Medicare and Medicaid Services, DaVita is the clinical leader in the Quality Incentive Program ("QIP") for the fourth straight year. DaVita had the highest average total performance score among large dialysis organizations, which are organizations that have at least 200 dialysis centers in the U.S. Further, DaVita ranked first in four clinical measures in the end stage renal disease ("ESRD") QIP program. QIP is part of Medicare's ESRD program aimed at improving the quality of care provided to Medicare patients. It was designed as the nation's first pay-for-performance quality incentive program.

In October of 2016, the Centers for Medicare and Medicaid Services ("CMS") released data on dialysis performance as part of its five star ratings program. For the third year in a row, DaVita outperformed the rest of the industry with the highest percentage of four- and five-star centers and lowest percentage of one- and two-star centers in the country. The Five-Star Quality Rating System was created as a way to help patients decide where they want to receive healthcare by providing more transparency about dialysis center performance. The rating system measures dialysis centers on seven different quality measures and compiles these scores into an overall rating. Stars are awarded for each center's performance.

On October 7, 2015, CMS announced DaVita won bids to operate ESRD seamless care organizations ("ESCO") in Phoenix, Miami and Philadelphia. ESCOs are shared savings programs, similar to accountable care organizations, where the dialysis providers share financial risks of treating Medicare beneficiaries with kidney failure. ESCOs encourage dialysis providers to take responsibility for the quality and cost of care for a specific population of patients, which includes managing comorbidities and patient medications.

In an effort to allow ESRD provider to assume full clinical and economic accountability, DaVita announced its support for the Dialysis PATIENT Demonstration Act (H.R. 5506/S. 3090). The Dialysis PATIENT Demonstration Act would allow ESRD providers to coordinate care both inside and outside the dialysis facility. The model empowers patients, emphasizes leadership, and facilitates innovation.

On June 17, 2016, CAPG awarded Healthcare Partners, DaVita's medical group division, multiple honors. CAPG awarded HealthCare Partners California and The Everest Clinic in Washington its Standards of Excellence™ Elite Award. Colorado Springs Health Partners received a Standards of Excellence™ Exemplary Award. Standards of Excellence™ awards are achieved by surpassing rigorous, peer-defined benchmarks in survey categories: Care Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care, and Administrative and Financial Capability.

In August 2016, DaVita Hospital Services, the first inpatient kidney care service to receive Ambulatory Health Care Accreditation from The Joint Commission, was re-accredited for three years. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. For the past three years, DaVita identified key areas for improvement, created training presentations and documents, provided WebEx training sessions and coordinated 156 hospital site visits for The Joint Commission Surveyors and DaVita teammates. Accreditation allows DaVita to monitor and evaluate the safety of kidney care and apheresis therapies against ambulatory industry standards. The accreditation allows for increased focus on enhancing the quality and safety of patient care; improved clinical outcomes and performance metrics, risk management and survey preparedness. Having set standards in place can further allow DaVita to measure performance and become better aligned with its hospital partners.

On June 16, 2016, DaVita announced its partnership with Renal Physicians Association ("RPA") and the American Board of Internal Medicine ("ABIM") to allow DaVita-affiliated nephrologists to earn Maintenance of Certification ("MOC") credits for participating in dialysis unit quality improvement activities.

MOC certification highlights nephrologists' knowledge and skill level for patients looking for high quality care.

Improving Patient Care

There are over 26 million patients with CKD and that number is expected to rise. Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1988-1994 and 2007-2012, the overall prevalence estimate for CKD rose from 12.0 to 13.6 percent. The largest relative increase, from 25.4 to 39.5 percent, was seen in those with cardiovascular disease.⁶
- Many studies have shown that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.⁷
- Nearly six times the number of new patients began treatment for ESRD in 2012 (approximately 115,000) versus 1980 (approximately 20,000).⁸
- Nearly eleven times more patients are now being treated for ESRD than in 1980 (approximately 637,000 versus approximately 60,000).⁹
- U.S. patients newly diagnosed with ESRD were 1 in 2,800 in 2011 versus 1 in 11,000 in 1980.¹⁰
- U.S. patients treated for ESRD were 1 in 526 in 2011 versus 1 in 3,400 in 1980.¹¹
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.¹²
- Nephrology care prior to ESRD continues to be a concern. Since the 2005 introduction of the new Medical Evidence form (2728), with fields addressing pre-ESRD care, there has been little progress made in this area (pre-ESRD data, however, should be interpreted with caution because of the potential for misreporting). Forty-one percent of new ESRD patients in 2012, for example, had not seen a nephrologist prior to beginning therapy. And among these patients, 49 percent of those on hemodialysis began therapy with a catheter, compared to 21 percent of those who had received a year or more of nephrology care. Among those with a year or more of pre-ESRD nephrologist care, 54 percent began therapy with a fistula – five times higher than the rate among non-referred patients.¹³

⁶ US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 15 (2014).

⁷ Id.

⁸ Id. at 79

⁹ Id.

¹⁰ US Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 160 (2013).

¹¹ Id.

¹² Id. at 161.

¹³ US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 107 (2014).

DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, FluidWise, WipeOut, MedsMatter, StepAhead, and transplant assistance programs.

DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Approximately 69% of CKD Medicare patients have never been evaluated by a nephrologist.¹⁴ Timely CKD care is imperative for patient morbidity and mortality. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may improve patient outcomes and reduce ESRD:

- Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,
- Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and
- Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

A care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Through the Kidney Smart program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. DaVita's Kidney Smart program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.

DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead, patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII") to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NVAII through patient education outlining the benefits for AV fistula placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal. DaVita has worked with its physician partners and clinical teammates to reduce catheter rates by 46 percent over the last seven years.

In 2013, DaVita was the first large dialysis provider to implement a comprehensive teammate vaccination order, requiring all teammates who work in or whose jobs require frequent visits to dialysis centers to either be vaccinated against influenza or wear surgical masks in patient-care areas. WipeOut, DaVita's infection surveillance, prevention and response program, aims to help patients live longer and avoid infection-related hospitalizations. DaVita led the industry with more than 90 percent of its dialysis patients immunized for influenza in 2016.

¹⁴ Id at 4.

DaVita's FluidWise initiative aims to reduce fluid-related hospitalizations and mortality while enhancing the patient experience. DaVita develops fluid-related clinical care pathways to identify patients who are most at-risk for fluid-related hospitalizations, building care processes—such as achieving target weight, obtaining accurate vitals, standardizing dialysate sodium, and restricting fluid and sodium intake—to reduce fluid overload. To help ESRD patients prevent avoidable complications from diabetes mellitus, DaVita's StepAhead initiative provides an opt-in diabetes management program that includes an annual eye exam, annual glucometer check and monthly foot exams.

DaVita seeks to improve medication compliance rates, eliminate adverse interactions and reactions, and help keep patients healthy and out of the hospital. Through its MedsMatter initiative, DaVita provides medication management support, including targeted medication reviews and education, through a specialty renal pharmacy. DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

For more than a decade, DaVita has been investing and growing its integrated kidney care capabilities. Through Patient Pathways, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, specializing in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provides information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

DaVita currently partners with over 350 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by a half-day, and reduced acute dialysis treatments per patient by 11 percent. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

Since 1996, Village Health has innovated to become the country's largest renal National Committee for Quality Assurance accredited disease management program. VillageHealth's Integrated Care Management ("ICM") services partners with patients, providers and care team members to focus on the root causes of unnecessary hospitalizations such as unplanned dialysis starts, infection, fluid overload and medication management.

VillageHealth ICM services for payers and ACOs provide CKD and ESRD population health management delivered by a team of dedicated and highly skilled nurses who support patients both in the field and on the phone. Nurses use VillageHealth's industry-leading renal decision support and risk stratification software to manage a patient's coordinated needs. Improved clinical outcomes and reduced hospital readmission rates have contributed to improved quality of life for patients. As of 2014, VillageHealth ICM has delivered up to a 15 percent reduction in non-dialysis medical costs for ESRD patients, a 15 percent lower year-one mortality rate over a three-year period, and 27 percent fewer hospital readmissions compared to the Medicare benchmark. Applied to DaVita's managed ESRD population, this represents an annual savings of more than \$30 million.

DaVita has long been committed to helping its patients receive a thorough kidney transplant education within 30 days of their first dialysis treatment. Patients are educated about the step-by-step transplant process and requirements, health benefits of a transplant and the transplant center options available to

them. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers: dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

Awards

DaVita has been repeatedly recognized for its commitment to its employees (or teammates), particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of *GI Jobs®* and *Military Spouse* magazine, recently recognized DaVita as the best 2016 Military Friendly Employer in the health care industry and 34th among all industries. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service. DaVita was also named as a CivilianJobs.com Most Valuable Employer (MVE) for Military winner for five consecutive years. The MVE was open to all U.S.-based companies, and winners were selected based on surveys in which employers outlined their recruiting, training and retention plans that best serve military service members and veterans.

In May 2016, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the ninth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the fifth consecutive year, DaVita was recognized as a Top Workplace by *The Denver Post*. DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the twelfth year in a row. Finally, DaVita has been recognized as one of *Fortune®* magazine's Most Admired Companies in 2016 – for the ninth consecutive year and tenth year overall.

Service to the Community

DaVita is also committed to sustainability and reducing its carbon footprint. In fact, it is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. *Newsweek* Green Rankings recognized DaVita as a 2016 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Furthermore, DaVita annually saves approximately 8 million pounds of medical waste through dialyzer reuse and it also diverts more than 85 percent of its waste through composting and recycling programs. It has also undertaken a number of similar initiatives at its offices and has achieved LEED Gold certification for its corporate headquarters. In addition, DaVita was also recognized as an "EPA Green Power Partner" by the U.S. Environmental Protection Agency.

DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. Its own employees (or teammates), make up the "DaVita Village," assisting in these initiatives.

DaVita Way of Giving program donated \$2 million in 2016 to locally based charities across the United States. Since 2011, DaVita teammates have donated \$9.1 million to thousands of organizations through DaVita Way of Giving. Through Village Service Days, groups of three or more teammates can plan and execute a service project with a local nonprofit. DaVita teammates and their families and friends have volunteered more than 140,000 hours through 3,600 Village Service Days projects since 2006.

DaVita does not limit its community engagement to the U.S. alone. Bridge of Life is the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, which supports approximately 30 international medical missions and over 50 domestic missions and CKD screening events each year. In 2016, more than 300 DaVita volunteers supported these missions, impacting nearly 19,000 men, women and children in 15 countries.

In 2016, DaVita celebrated the 10th anniversary of Tour DaVita, an annual, three-day, 250-mile bicycle ride, to raise awareness about kidney disease. The ride raised \$1.25 million to benefit Bridge of Life. Since 2007, DaVita cyclists and Tour supporters have raised more than \$8.6 million to fight kidney disease. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids.

DUPAGE MEDICAL GROUP

Although not an applicant, DuPage Medical Group is a minority owner and the applicants have included an overview of DuPage Medical Group's background in order to convey the importance of the proposed facility for DuPage Medical Group and their patients.

DuPage Medical Group was formed in 1999 when three healthcare groups serving the western suburbs of Chicago since the 1960s joined together. The legal entity, DuPage Medical Group, Ltd., was incorporated as a medical corporation in the State of Illinois in July 1968 and is a for-profit, taxable corporation. DuPage Medical Group is now Illinois' leading multi-specialty independent physician group practice, and remains committed to superior care and innovation.

With more than 600 physicians, approximately 800 providers, and 50 specialties in more than 70 locations, DuPage Medical Group handles upwards of 1.1 million patient visits annually, treating about a third of DuPage County's population. Consistent with its physician growth, DuPage Medical Group has grown as an employer in the community. DuPage Medical Group employed 3908 people in 2016, an increase of nearly 30% from the 2996 people employed in 2015.

DuPage Medical Group is focused on providing quality care.

DuPage Medical Group is focused on providing the Western Suburbs with access to the finest health care available and operating on the principal that physicians make the best decisions for patient care. DMG is led by experienced physicians who continually seek innovations through a model of QEA: Quality, Efficiency and Access.

Managing such a proactive model of medicine allows DMG to provide quality care, construct the most advanced facilities and implement the latest technology. Through secure access of an electronic health record and DMG's patient portal, MyChart, its physicians and patients stay closely connected on the care that forms the bigger picture of each patient's health. DMG promotes strong collaboration among its medical staff and solicits helpful feedback from patients. Strong administrative support creates stability for DMG physicians, empowering them to help drive the group forward.

DMG's commitment to quality and cost efficiency is further demonstrated by numerous value-based care initiatives, including DMG's Accountable Care Organization ("ACO") leadership, operation of the BreakThrough Care Center, and a CMS BPCI initiative.

DMG is a founding member of Illinois Health Partners, the 14th largest accountable care organization in the nation. DMG accounts for nearly 50% of the patients served by Illinois Health Partners, which is comprised of healthcare organizations such as Naperville, Ill.-based Edward Hospital and Arlington Heights, Ill.-based Northwest Community Hospital, along with 22 other organizations. According to 2015 data released by CMS, Illinois Health Partners ("IHP") maintained the lowest cost of care per beneficiary for any ACO in the Chicagoland area at \$8,847. IHP is also in the 76th percentile nationally in overall cost efficiency and in the 88th percentile nationally in clinical quality. This makes IHP one of 38 of 393 (9%) of ACOs in the top quartile for both quality and cost efficiency

Since 2014, DMG has operated the BreakThrough Care Center, a comprehensive, holistic outpatient clinic serving the most vulnerable Chicagoland seniors struggling with chronic disease. Currently, the BreakThrough Care Center operates and accepts patients throughout DuPage County, with locations in the cities of Lisle, Naperville, and Wheaton. The BreakThrough Care Center is designed to improve medical outcomes while lowering healthcare costs and improving patients' ability to manage their health outcomes.

Improved care quality for BreakThrough Care Center patients is documented by improvements in patients'; biometrics for LDL-C levels, Total Cholesterol, A1C, Blood Pressure, and Body Mass Index. The BreakThrough Care Center optimizes the utilization of healthcare services, with all patients seen within 24 hours of hospital discharge, and patients experiencing lower ER admission rates, lower acute admissions, a 30-day chronic readmission rate of 7.2 percent, and high generic pharmacy utilization of 89 percent. Patients give the BreakThrough Care Center scores of over 91 percent on access to care and coordination of care metrics.

DMG has also demonstrated its commitment to promoting the development of orderly, value driven, healthcare facilities via the CMS Bundled Payments for Care Improvement ("BPCI") initiative. DMG reduced costs by over \$1.1 million under the BPCI program for major joint replacement of the lower extremity in Q3 and Q4 of 2015, lowering the cost of care and improving outcomes. DMG's participation and performance in these value-based care programs and organizations serves a critical role in cost containment and maximizing the quality of care in DuPage County and the surrounding communities served by DMG. DuPage Medical Group continues to expand the services and specialties it offers patients.

In September of 2016, DMG opened a new nephrology division when Kidney & Hypertension Associates joined the practice. DMG has always strived to provide its patients with access to timely, quality, and affordable health care. This mission is supported by the addition of the nephrology practice to DMG's wide array of medical specialties. Patients of DMG physicians with an identified need for nephrology services now have more immediate and reliable access through their existing provider's practice.

With physician scheduling and patient coverage determinations available throughout the DMG practices, DMG is able to eliminate common obstacles to patients obtaining necessary medical care. Managing patient's across specialties drives down costs by coordinating care and increasingly addressing the health of patients on a proactive basis.

In order to increase dialysis access points, DMG is partnering with DaVita in requesting authority to build the proposed facility in Melrose Park to serve a growing ESRD population. By collaborating with an experienced dialysis provider, DMG is able to bring its patients excellent care while simultaneously bridging the gap between DMG and existing access points. This growth supports DMG's mission to deliver physician oriented healthcare at the highest level to its patients.

DMG promotes the orderly and economic development of health care facilities in Illinois.

DMG's trend of responsible, positive growth is tied to DMG's commitment to its physician and patient population. This focus is closely aligned with the Board's own mission for serving the patients of Illinois. In keeping with the purpose identified by the State: "The CON program promotes the development of a comprehensive health care delivery system that assures the availability of quality facilities, related

services, and equipment to the public, while simultaneously addressing the issues of community need, accessibility, and financing. In addition, it encourages health care providers to engage in cost containment, better management and improved planning."¹⁵

DMG practices the values and goals expressed by the CON program, and believes in the value of DMG's services and facilities to the Illinois healthcare system. As DMG has grown, quantitatively and qualitatively, it has continued to emphasize quality and accessibility for the community and its patients, tempered by responsible planning and growth. DMG has consistently presented accurate and conservative projections of patient population growth and referral patterns before the Board. *DMG's healthcare facilities operate above established state utilization levels, a clear sign of DMG's commitment to avoiding the development of unnecessary services within the community.*

In 2015, DuPage Medical Group received the Henry C. Childs Economic Development and Community Improvement Award from the Wheaton Chamber of Commerce. The Henry C. Childs Economic Development and Community Improvement Award was named after a local businessman responsible for designing safe community infrastructure, and it recognizes the development or redevelopment of a property that positively impacts economic development in the City of Wheaton.

DMG was recognized for the property redevelopment and construction of its 40,000-square-foot Wheaton Medical Office Building, which houses over 30 DMG physicians in Family Medicine, Internal Medicine, Pediatrics and Obstetrics/Gynecology, as well as the BreakThrough Care Center.

DMG promotes philanthropy and service within the communities it serves.

DuPage Medical Group is actively involved in philanthropy and community service as a way of giving back to the community in which it operates. As part of this effort, DMG established the DuPage Medical Group Charitable Fund in partnership with the DuPage Foundation. Providing a coordinated approach for combining the efforts of its physicians, care providers and staff into a single force.

The DuPage Medical Group Charitable Fund, which operates as a donor-advised fund under the umbrella of the DuPage Foundation's status as a 501(c)(3) public charity, seeks to make a significant impact within the communities DMG serves by combining impactful financial support with hands-on volunteerism.

The Fund seeks out community and health partners that serve those in need. In March, 2016 DMG reached \$1 million in grants to the community.¹⁶ In addition to providing some financial support to area organizations, the Charitable Fund provides in-kind donations, such as food, toys, coats and books. Volunteer service is also a key component of DMG's giving. Its financial contributions are extended by physicians and staff taking a hands-on role in helping these organizations. The Charitable Fund has also focused on magnifying its impact through volunteer service. Earlier this year DMG was honored with the Governor's Volunteer Service Award for Outstanding Business Volunteer Engagement for its work with People's Resource Center and DuPage Habitat for Humanity.¹⁷

1. A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11A. Dialysis facilities are currently not subject to State Licensure in Illinois.
2. Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application. Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated

¹⁵ <https://www.illinois.gov/sites/hfsrb/CONProgram/Pages/default.aspx>

¹⁶ <http://www.dmgcharitablefund.com/news/story/4651>

¹⁷ <http://www.dailyherald.com/article/20161125/business/161129874/>

by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11B.

3. An authorization permitting the Illinois Health Facilities and Services Review Board ("State Board") and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11B.

DaVita HealthCare Partners Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NDRTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 БЕLOIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 RDUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brighton Park Dialysis	4729 SOUTH CALIFORNIA AVE		CHICAGO	COOK	IL	60632	
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALD GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10511 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	14-2793
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	421S W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62523-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-2651
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	62025-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2S80
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-343S	14-2S29
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1S09	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537

DaVita HealthCare Partners Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	2484 N ELSTON AVE		CHICAGO	COOK	IL	60647	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE 8	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

DaVita HealthCare Partners Inc.

Illinois Facilities

Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORD	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	COOK	IL	60193-4072	14-2654
Shiloh Dialysis	1095 NORTH GREEN MOUNT RD		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAD		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604

DaVita HealthCare Partners Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
Washington Heights Dialysis	10620 SOUTH HALSTED STREET		CHICAGO	COOK	IL	60628	
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	COOK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	14-2783
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310



Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita Inc. or Adiron Dialysis, LLC in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.230(a)(3)(C), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Secretary
DaVita Inc.
Adiron Dialysis, LLC

Subscribed and sworn to me
This ___ day of ___, 2016

Notary Public

See Attached

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On December 7, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

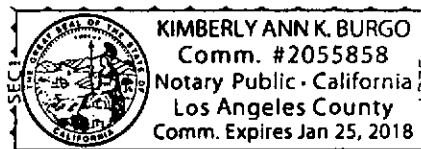
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson - Certificate re CON Application (Adiron Dialysis, LLC)

Document Date: December 7, 2016

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer

Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Adiron Dialysis, LLC

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.230(b) – Background, Purpose of the Project, and Alternatives

1. Purpose of Project

The purpose of the project is to improve access to life sustaining dialysis services to the residents of near west suburbs of Chicago. Excluding the 3 facilities that are not yet open / operational for 2 years and 2 stations from 1 facility that recently added them, there are 27 dialysis facilities within 30 minutes of the proposed Melrose Village Dialysis that have been operational for at least 2 years. Collectively, the 27 facilities were operating at 74.1% as of March 31, 2016, and the existing facilities lack sufficient capacity to accommodate the projected ESRD patients from Dr. Aneziokoro and DuPage Medical Group.

Dr. Aneziokoro's practice, Northwest Medical Associates of Chicago, and DuPage Medical Group's patient bases currently include 145 combined CKD patients residing within 30 minutes of the proposed site for Melrose Village Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Aneziokoro and DuPage Medical Group collectively anticipate that at least 68 of these patients will require dialysis within 12 to 24 months following project completion.

Based upon March 31, 2017 data from The Renal Network, for ZIP codes containing 10 or more total ESRD patients, there were 2,439 ESRD patients residing within 30 minutes of the proposed Melrose Village Dialysis, and this number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families have obtained health insurance through the Affordable Care Act (or ACA)¹⁸ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,¹⁹ more individuals in high-risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Per the 2010-2014 American Community Services 5-Year Estimates, the ZIP code of 60160 has 18.2% of its residents living below the federal poverty level, compared with 14.4% of total Illinois residents. According to a 2014 study, the rate of ESRD was four times higher among people with annual household incomes of less than \$20,000 compared to those making more than \$75,000. Due to lack of health insurance prior to ACA, many of these residents may have lacked access to primary care and kidney screening in the early stages of CKD when adverse outcomes of CKD can be prevented and delayed. Further, the zip code of 60160 reported over 69% of residents identified as Hispanic or Latino on the 2010 US Census. Per the National Kidney Foundation, Hispanics are at greater risk for kidney disease and kidney failure, being 1½ times more likely to have kidney failure compared to other Americans²⁰. Accordingly, there are likely hundreds of residents with undiagnosed CKD who will require dialysis in the near future.

¹⁸ According to data from the federal government 61,111 Illinois residents enrolled in a health insurance program through the ACA.

¹⁹ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

²⁰ <https://www.kidney.org/atoz/content/hispanics-kd>

An optimal care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Early identification of CKD and deliberate treatment of ESRD by multidisciplinary teams leads to improved disease management and care, mitigating the risk of disease advancement and patient mortality.

Accordingly, timely referral to and treatment by a multidisciplinary clinical team may improve patient outcomes and reduce cost. Indeed, research has found that late referral and suboptimal care result in higher mortality and hospitalization rates²¹. Deficient knowledge about appropriate timing of patient referrals and poor communication between PCPs and nephrologists have been cited as key contributing factors²².

Critically, addressing the failure of communication and coordination among primary care physicians ("PCPs"), nephrologists, and other specialists may alleviate a systemic barrier to mitigating the risk of patient progression from CKD to ESRD, and to effective care of patients with ESRD. In addition to research emphasizing the value of care coordination among providers, research has generally displayed that the more information on a single EHR, the better the outcomes are for patient care. Patients receiving care on a single integrated EHR often experience reduced clinical errors and better outcomes as a result.²³

With the development of this proposed facility, patient data generated at the dialysis facility will be migrated to the EHR systems accessible by all DMG providers. This data integration ensures a patient's PCP, nephrologist, and other specialists can readily access the patient dialysis records. DaVita and DMG have the ability to design additional functionalities to address communication and coordination issues between physicians. This removes administrative burden and alleviates risks that a patient's PCP or specialist is missing information regarding their care, including dialysis treatments. The tailoring of familiar DaVita and DMG tools eases the burden on physicians and enhances the likelihood of success in improving care coordination and physician communications.

The applicants anticipate the proposed facility will have quality outcomes comparable to DaVita's other facilities. Additionally, in an effort to better serve all kidney patients, the applicants will require all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20 percent fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7 percent reduction in hospitalizations among DaVita patients, the monetary result of which is more than \$1.5 billion in savings to the health care system and the American taxpayer from 2010 – 2012.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the near western suburbs who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

²¹ Navaneethan SD, Aloudat S, Singh S. A systematic review of patient and health system characteristics associated with late referral in chronic kidney disease. *BMC Nephrol.* 2008; 9:3.

²² Navaneethan SD, Aloudat S, Singh S. A systematic review of patient and health system characteristics associated with late referral in chronic kidney disease. *BMC Nephrol.* 2008; 9:3.

²³ Nir Menachemi, Taleah H Collum, *Risk Management Healthcare Policy.* 2011; 4: 47–55. May 11, 2011).

2. A map of the market area for the proposed facility is attached at Attachment – 12. The market area encompasses an approximate 20-mile radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 30 minutes normal travel time to Wheeling, IL.
- Northeast approximately 30 minutes normal travel time to Skokie, IL.
- East approximately 30 minutes normal travel time to Humboldt Park (Chicago).
- Southeast approximately 30 minutes normal travel time to Cicero, IL.
- South approximately 30 minutes normal travel time to Burr Ridge, IL.
- Southwest approximately 30 minutes normal travel time to Naperville, IL.
- West approximately 30 minutes normal travel time to Carol Stream, IL.
- Northwest approximately 30 minutes normal travel time to Palatine, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents of the near west suburbs of Chicago and the immediately surrounding areas. As discussed more fully above, there is insufficient capacity within the GSA to accommodate all of the projected ESRD patients.

3. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility. The proposed facility is located in Melrose Park, Illinois. Dr. Aneziokoro and DuPage Medical Group expect at least 68 of the current 145 CKD patients that reside within 30 minutes of the proposed site to require dialysis within 12 to 24 months of project completion.

4. Source Information

US Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, Bethesda, MD: National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases (2013).

US Renal Data System, USRDS 2014 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD (2014).

5. The proposed facility will improve access to dialysis services to the residents of the near west suburbs of Chicago and the surrounding area by establishing the proposed facility. Given the high utilization in the GSA and the increasing size of Dr. Aneziokoro's and DuPage Medical Group's patient bases, as well as the patient bases of other nephrologists treating patients who are residents of the near west suburbs of Chicago, this facility is necessary to ensure sufficient access to dialysis services in this community.
6. Project Goals: The above response details the overall goal of the project to addressing the identified issues to improve the health and well-being of the community. The significant objective and specific timeframe for completing the project is to complete the construction of the facility be operational within approximately 18 months of project approval.
7. Modernization: As a new healthcare facility, the leased space will be modernized to meet the needs of the 12-station dialysis facility.

1985 N Mannheim Rd, Melrose Park, IL 60160

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Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.230(c) – Background, Purpose of the Project, and Alternatives

Alternatives

The Applicants considered three options prior to determining to establish a 12-station dialysis facility:

1. Reducing the Scope and Size.
2. **Chosen Alternative:** Pursue a Joint Venture for the Establishment of a New Facility
3. Utilize Existing Facilities.

After exploring these options, which are discussed in more detail below, the applicants determined to establish a 12-station dialysis facility. A review of the options, their costs, and the applicants' reasoning follows.

Reducing the Scope and Size of Current Project

The applicants considered, but ultimately rejected, an 8-station in-center hemodialysis facility. This was rejected due to the expected utilization, as documented throughout this proposal. The applicants fully expect the facility to reach the required number of patients for a 12-station facility within two years. In order to establish a facility within the HSA proposed, the facility must not have less than eight stations, pursuant to 77 IL Adm. Code §1110.1430(h).

The physician's patient data and referral network exhibits a large number of expected patients from DuPage and Cook County. As a result of the expected referral numbers exhibited, the number of patients would quickly overcome the required utilization levels for an 8-station facility. Although the reduced number of stations would have reduced the size and cost of the proposed project, the applicants came to the decision that a 12-station facility would ultimately better serve the patient population, as it would allow for the expected growth of patients to benefit from the facility.

The alternative plan of only establishing an 8-station facility was therefore rejected by the applicants.

Pursue a Joint Venture for the Establishment of a New Facility

DaVita Inc., DuPage Medical Group, Ltd., and additional investors have entered into a joint venture agreement to combine resources and areas of expertise in order to offer the highest level of patient care.

Given the historic growth of ESRD patients and the current utilization levels of area clinics, it is expected that area clinics will exceed the 80% utilization mark over the next few years. The Melrose Village Dialysis facility is necessary to address this growth and allow existing facilities to operate at an optimum capacity. Further, without any current partnerships with existing in-center hemodialysis facilities, Davita is seeking to collaborate with DMG and Dr. Aneziokoro on the proposed facility in order to increase access to care for individuals with ESRD patients and address identified issues with care coordination and physician communication in the treatment of patients with kidney disease. (See Attachments 11 & 12).

The establishment of a 12-station dialysis facility will improve access to life-sustaining dialysis treatment for those individuals in the near western suburbs who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being. As a result, the applicants chose this option.

The cost of this alternative is **\$3,341,748**.

Utilize Existing Facilities

Excluding the 3 facilities that are not yet open / operational for 2 years and 2 stations from 1 facility that recently added them, there are 27 dialysis facilities within 30 minutes of the proposed Melrose Village Dialysis that have been operational for at least 2 years. Collectively, the 27 facilities were operating at 74.1% as of March 31, 2016, and the existing facilities lack sufficient capacity to accommodate Dr. Aneziokoro and DuPage Medical Group's projected referrals. Based upon March 31, 2017 data from The Renal Network, for ZIP codes containing 10 or more total ESRD patients, there were 2,439 ESRD patients residing within 30 minutes of the proposed Melrose Village Dialysis, and this number is projected to increase. The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)²⁴ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²⁵ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Dr. Aneziokoro's practice, Northwest Medical Associates of Chicago, and DuPage Medical Group's patient bases currently include 145 combined CKD patients residing within 30 minutes of the proposed site for Melrose Village Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Aneziokoro and DuPage Medical Group collectively anticipate that at least 68 of these patients will require dialysis within 12 to 24 months following project completion.

Given the high utilization of the existing facilities coupled with projected growth of ESRD patients due to health care reform initiatives, the existing facilities within the GSA will not have sufficient capacity to accommodate all of the projected referrals. As a result, the applicants rejected this option.

There is no capital cost with this alternative.

Empirical Evidence

There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these measures has been directly linked to 15-20 percent fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into a 7 percent reduction in hospitalizations among DaVita patients, which resulted in more than \$1.5 billion in savings to the health care system and the taxpayer from 2010 – 2012.

Although not quantifiable by empirical data, the applicants also anticipate the improvement of patient care and experiences through the development of the joint venture facility. Identified issues anticipated to be addressed include maintaining patients' continuum of care and resolving physician communication and care coordination deficiencies that are barriers to optimal care.

²⁴ According to data from the federal government 61,111 Illinois residents enrolled in a health insurance program through the ACA.

²⁵ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(a), Size of the Project

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 4,320 – 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Melrose Village Dialysis is 4,994 gross square feet (or 416.17 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD	4,994	4,320 – 6,240	NA	Meets State Standard

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(b), Project Services Utilization

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. Dr. Aneziokoro and DuPage Medical Group identified 145 CKD patients who all reside within 30 minutes of the proposed facility, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, it is estimated that 68 of these patients will initiate dialysis within 12 to 24 months following project completion.

Table 1110.234(b)					
Utilization					
	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	10,608	8,986	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c), Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

The Applicants propose to establish a 12-station dialysis facility to be located at 1985 North Mannheim Road, Melrose Park, Illinois 60160. As shown in Attachment – 24A, when excluding the 3 facilities that are not open / operational for 2 years, and 2 stations from the 1 facility that recently added them, there are 27 dialysis facilities within 30 minutes of the proposed Melrose Village Dialysis that have been operational for at least 2 years. Collectively, the 27 facilities were operating at a utilization rate of 74.1% as of March 31, 2016 and the existing facilities lack sufficient capacity to accommodate ESRD patients Dr. Aneziokoro and DuPage Medical Group project will need dialysis services. Based upon March 31, 2017 data from The Renal Network, for ZIP codes containing 10 or more total ESRD patients, there were 2,439 ESRD patients residing within 30 minutes of the proposed Melrose Village Dialysis, and this number is projected to increase.

The U.S. Centers for Disease Control and Prevention estimates 10% of American adults have some level of CKD. Further, the National Kidney Fund of Illinois estimates over 1 million Illinoisans have CKD and most do not know it. Kidney disease is often silent until the late stages when it can be too late to head off kidney failure. As more working families obtain health insurance through the Affordable Care Act (or ACA)²⁶ and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,²⁷ more individuals in high risk groups will have better access to primary care and kidney screening. As a result of these health care reform initiatives, there will likely be tens of thousands of newly diagnosed cases of CKD in the years ahead. Once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough stations are available to treat this new influx of ESRD patients, who will require dialysis in the next couple of years.

Dr. Aneziokoro's practice, Northwest Medical Associates of Chicago, and DuPage Medical Group have identified 145 combined CKD patients residing within 30 minutes of the proposed site for Melrose Village Dialysis. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Aneziokoro and DuPage Medical Group collectively anticipate that at least 68 of these patients will require dialysis within 12 to 24 months following project completion.

Per the 2010-2014 American Community Services 5-Year Estimates, the Chicago ZIP code of 60160 has 18.2% of its residents living below the federal poverty level, compared with 14.4% of total Illinois residents. According to a 2014 study, the rate of ESRD was four times higher among people with annual household incomes of less than \$20,000 compared to those making more than \$75,000. Data from the Renal Network bears this out, over 13% of all ESRD patients in the State reside within 30 minutes of the proposed Melrose Village Dialysis. Due to lack of health insurance prior to ACA, many of these residents may have lacked access to primary care and kidney screening in the early stages of CKD when adverse outcomes of CKD can be prevented and delayed. Further, the zip code of 60160 reported over 69% of residents identified as Hispanic or Latino on the 2010 US Census. Per the National Kidney Foundation, Hispanics are at greater risk for kidney disease and kidney failure, being 1½ times more likely to have kidney failure compared to other Americans. Accordingly, there are likely hundreds of residents with undiagnosed CKD who will likely require dialysis in the near future.

²⁶ According to data from the federal government 61,111 Illinois residents enrolled in a health insurance program through the ACA.

²⁷ In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

The establishment of a 12-station dialysis facility will improve access to necessary dialysis treatment for those individuals in the near western suburbs who suffer from ESRD. ESRD patients are typically chronically ill individuals and adequate access to dialysis services is essential to their well-being.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents in the near west suburbs of Chicago. As evidenced in the physician referral letters attached at Appendix - 1, 145 pre-ESRD patients reside within 30 minutes of the proposed facility.

3. Service Demand

Attached at Appendix - 1 are physician referral letters from Dr. Aneziokoro and DuPage Medical Group and schedules of pre-ESRD and current patients by zip code. A summary of CKD patients projected to require dialysis within the first 12 to 24 months after project completion is provided in Table 1110.1430(b)(3)(B) below.

Table 1110.1430(c)(3)(B) Projected Pre- ESRD Patient Referrals by Zip Code	
Zip Code	Total Patients
60160	2
60104	5
60164	3
60171	1
60153	3
60305	2
60163	3
60707	14
60155	3
60162	6
60130	1
60301	1
60154	21
60176	1
60302	3
60634	17
60126	24
60304	3
60546	13
60513	11
60106	8
Total	145

5. Service Accessibility

As set forth throughout this application, the proposed facility is needed to improve access to life-sustaining dialysis for residents in the near west suburbs of Chicago. Excluding the 3 facilities that are not yet open / operational for 2 years, as well as a recent 2-station expansion, there are 27 dialysis facilities within 30 minutes of the proposed Melrose Village Dialysis that have been operational for at least 2 years. See Attachment – 24A. Collectively, the 27 facilities were operating at 74.1% as of March 31, 2017 and lack sufficient capacity to accommodate ESRD patients Dr. Aneziokoro and DuPage Medical Group project will need dialysis services within 12 to 24 months of project completion. Based upon March 31, 2017 data from The Renal Network, for ZIP codes containing 10 or more total ESRD patients, there were 2,439 ESRD patients residing within 30 minutes of the proposed Melrose Village Dialysis, and this number is projected to increase. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

Section VII, Service Specific Review Criteria**In-Center Hemodialysis****Criterion 1110.1430(c), Unnecessary Duplication/Maldistribution****1. Unnecessary Duplication of Services**

- a. The proposed dialysis facility will be located at 1985 North Mannheim Road, Melrose Park, Illinois 60160. A map of the proposed facility's market area is attached at Attachment – 24B. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60515	DOWNERS GROVE	27,503
60559	WESTMONT	24,852
60514	CLARENDON HILLS	9,708
60521	HINSDALE	17,597
60558	WESTERN SPRINGS	12,960
60139	GLENDALE HEIGHTS	34,381
60148	LOMBARD	51,468
60157	MEDINAH	2,380
60101	ADDISON	39,119
60191	WOOD DALE	14,310
60143	ITASCA	10,360
60007	ELK GROVE VILLAGE	33,820
60523	OAK BROOK	9,890
60181	VILLA PARK	28,836
60126	ELMHURST	46,371
60162	HILLSIDE	8,111
60163	BERKELEY	5,209
60164	MELROSE PARK	22,048
60106	BENSENVILLE	20,309
60173	SCHAUMBURG	12,217
60018	DES PLAINES	30,099
60526	LA GRANGE PARK	13,576
60513	BROOKFIELD	19,047
60534	LYONS	10,649
60402	BERWYN	63,448
60154	WESTCHESTER	16,773
60155	BROADVIEW	7,927
60104	BELLWOOD	19,038
60165	STONE PARK	4,946

Table 1110.1430(d)(1)(A) Population of Zip Codes within 30 Minutes of Proposed Facility		
ZIP Code	City	Population
60160	MELROSE PARK	25,432
60153	MAYWOOD	24,106
60141	HINES	224
60546	RIVERSIDE	15,668
60130	FOREST PARK	14,167
60305	RIVER FOREST	11,172
60707	ELMWOOD PARK	42,920
60131	FRANKLIN PARK	18,097
60176	SCHILLER PARK	11,795
60171	RIVER GROVE	10,246
60634	CHICAGO	74,298
60706	HARWOOD HEIGHTS	23,134
60656	CHICAGO	27,613
60631	CHICAGO	28,641
60304	OAK PARK	17,231
60301	OAK PARK	2,539
60302	OAK PARK	32,108
60804	CICERO	84,573
60644	CHICAGO	48,648
60639	CHICAGO	90,407
60651	CHICAGO	64,267
60624	CHICAGO	38,105
60068	PARK RIDGE	37,475
Total		1,359,818

Source: U.S. Census Bureau, Census 2010, American Factfinder
available at <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited January 25, 2017).

- b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 24A.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the HFSRB's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average 30 min utilization of the existing approved In-Center Hemodialysis (ICHD) facilities that have been operational for at least 2 years is 74.1% and sufficient population exists to achieve

target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is less than one and one-half times the State Average.

Table 1110.1430(c)(2)(A)			
Ratio of Stations to Population			
	Population	Dialysis Stations	Stations to Population
Geographic Service Area	1,359,818	587	1:2,316
State	12,830,632	4,585	1:2,798

b. Historic Utilization of Existing Facilities

Excluding the 3 facilities that are not yet open / operational for 2 years, as well as the 2 stations from the 1 facility that recently added them, there are 27 dialysis facilities within 30 minutes of the proposed Melrose Village Dialysis that have been operational for at least 2 years. Their average 30 min utilization was 74.1% as of March 31, 2016 and the existing facilities lack sufficient capacity to accommodate DMG's projected referrals. Based on March 2017 data from the Renal Network there were 2,439 ESRD patients residing within 30 minutes of the proposed Melrose Village Dialysis, and this number is expected to increase. As a result, there will be no maldistribution of services. Additional stations are necessary to adequately meet the rising demand of the pre-ESRD patient population in the area.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 ESRD patients. Dr. Aneziokoro and DuPage Medical Group are currently treating 145 CKD patients that reside within a 30 minute commute to the proposed facility. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, return of function, or relocation, Dr. Aneziokoro and DuPage Medical Group anticipate that at least 68 of these patients will initiate dialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

- a. The proposed dialysis facility will not have an adverse impact on existing facilities in the GSA. As discussed throughout this application, the utilization of ICHD facilities operating for over 2 years and within 30 minutes of the proposed Melrose Village Dialysis is 74.1%. 2,439 ESRD patients reside within 30 minutes of the proposed facility and this number is projected to increase.

The proposed facility is necessary to allow the existing facilities to operate at an optimum capacity, while at the same time accommodating the growing demand for dialysis services. As a result, the Melrose Village Dialysis facility will not lower the utilization of area provider below the occupancy standards.

- b. Excluding the 3 facilities that are not yet open / operational for 2 years, as well as a recent 2-station expansion, there are 27 existing dialysis facilities that have been operating for 2 or

more years within the proposed 30 minute GSA of Melrose Village Dialysis. As of March 31, 2017, the 27 facilities were operating at an average utilization of 74.1%. Based upon March 31, 2017 data from The Renal Network, for ZIP codes containing 10 or more total ESRD patients, there were 2,439 ESRD patients residing within 30 minutes of the proposed Melrose Village Dialysis, and this number is projected to increase.

The proposed facility is necessary to allow the existing facilities to operate at an optimum capacity, while at the same time accommodating the growing demand for dialysis services. As a result, the Melrose Village Dialysis facility will not lower, to a further extent, the utilization of area provider below the occupancy standards.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(e), Staffing

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.

- a. Medical Director: Rajani Kosuri, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Kosuri's curriculum vitae is attached at Attachment – 24C.
- b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

Administrator (0.98 FTE)
Registered Nurse (3.88 FTE)
Patient Care Technician (8.73 FTE)
Biomedical Technician (0.28 FTE)
Social Worker (licensed MSW) (0.60 FTE)
Registered Dietitian (0.60 FTE)
Administrative Assistant (0.87 FTE)

As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.

- c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 24D.
- d. As set forth in the letters from the applicants attached at Attachment – 24E, Melrose Village Dialysis will maintain an open medical staff.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(f), Support Services

Attached at Attachment – 24E is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Adiron Dialysis, LLC, attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

Section VII, Service Specific Review Criteria

In-Center Hemodialysis

Criterion 1110.1430(g), Minimum Number of Stations

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 12-station dialysis facility. Accordingly, this criterion is met.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(h), Continuity of Care

Total Renal Care Inc., a subsidiary of DaVita Inc., has an agreement with Community First Healthcare of Illinois, Inc. d/b/a Community First Medical Center to provide inpatient care and other hospital services for the patients of Melrose Village Dialysis. Attached at Attachment – 24F is a copy of the service agreement with this area medical center.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(i), Relocation of Facilities

The Applicants propose the establishment of a 12-station dialysis facility. Thus, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(j), Assurances

Attached at Attachment – 24G is a letter from Arturo Sida, Assistant Corporate Secretary, DaVita Inc. and Adiron Dialysis, LLC certifying that the proposed facility will achieve target utilization by the second year of operation.

Facility	Ownership	Address	City	HSA	Distance	Drive Time	Adjusted Drive Time
USRC Oak Brook	USRC	1201-B Butterfield Rd.	Downers Grove	7	11.22	16	18.4
Downers Grove Dialysis Center	Fresenius	3825 Highland Ave., Suite 102	Downers Grove	7	11.67	16	18.4
FMC Dialysis Services of Willowbrook	Fresenius	6300 South Kingery Highway #408	Willowbrook	7	13.12	19	21.85
Glendale Heights Dialysis Center	Fresenius	520 East North Avenue	Glendale Heights	7	10.64	18	20.7
Fresenius Medical Care Schaumburg	Fresenius	825 Wise Road	Schaumburg	7	15.94	21	24.15
Schaumburg Renal Center	DaVita	1156 S. Roselle Rd.	Schaumburg	7	14.95	19	21.85
Fresenius Medical Care -Lombard	Fresenius	1940 Springer Drive	Lombard	7	12.85	19	21.85
Elk Grove Dialysis Center	Fresenius	901 Belsterfield Road Suite 400	Elk Grove Village	7	12.96	17	19.55
NxStage Oak Brook	NxStage	1600 West 16th Street	Oak Brook	7	7.77	13	14.95
Nocturnal Dialysis Spa		1634 South Ardmore Avenue	Villa Park	7	8.45	13	14.95
U5 Renal Care Villa Park	USRC	200 East North Avenue	Villa Park	7	5.3	10	11.5
FMC Elmhurst	Fresenius	133 E. Brush Hill Road	Elmhurst	7	5.55	11	12.65
LaGrange Dialysis Center	Fresenius	2400 Wolf Road, Suite 101a	Westchester	7	5.33	11	12.65
Fresenius Medical Care Rolling Meadows	Fresenius	4180 Winnetka Avenue	Rolling Meadows	7	18.8	23	26.45
Arlington Heights Renal Center	DaVita	17 West Golf Road	Arlington Heights	7	15.21	23	26.45
Fresenius Medical Care Summit	Fresenius	7319 Archer Avenue	Summit	7	11.95	26	29.9
Loyola Dialysis Center	Loyola	1201 West Roosevelt Road	Maywood	7	5.05	12	13.8
Fresenius Medical Care Melrose Park	Fresenius	1111 Superior Street	Melrose Park	7	3.18	9	10.35
Dialysis Center of America - Berwyn	Fresenius	2601 South Harlem Avenue	Berwyn	7	8.76	21	24.15
Maple Avenue Kidney Center	Renal Therapies	610 South Maple Avenue	Dak Park	7	7.14	15	17.25
North Avenue Dialysis Center	Fresenius	719 West North Avenue	Melrose Park	7	2.43	9	10.35
Fresenius Medical Care River Forest	Fresenius	103 Forest Ave.	River Forest	7	4.71	13	14.95
Fresenius Medical Care Northwest	Fresenius	4701 North Cumberland Rd.	Norridge	7	6.37	15	17.25
Resurrection Medical Center		7435 West Talcott Ave.	Chicago	6	9.95	18	20.7
Oak Park Dialysis Center	Fresenius	733 West Madison Street	Oak Park	7	7.86	17	19.55
West Suburban Hosp. Dialysis Unit	Fresenius	518 N. Austin Blvd., Ste. 5000	Oak Park	7	6.81	18	20.7
Austin Community Kidney Center	Fresenius	4800 W. Chicago Ave. #2a	Chicago	6	8.07	22	25.3
Montclare Dialysis Center	DaVita	7009 West Belmont Avenue	Chicago	6	6.32	17	19.55
Fresenius Medical Care North Kilpatrick	Fresenius	4800 North Kilpatrick Avenue	Chicago	6	12.87	26	29.9
Fresenius Medical Care Des Plaines	Fresenius	1625 East Oakton Street	Des Plaines	7	8.75	18	20.7

Distances measured from facilities above to 1985 N Mannheim Rd, Melrose Park, IL 60160

RAJANI KOSURI, MD

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~ INTERNAL MEDICINE/ NEPHROLOGY ~

Highly talented and dedicated medical professional with in-depth commitment to provide safe, efficient, and patient-centered care

- Vast knowledge of evidence based medicine underscored with excellent diagnostic and treatment planning capabilities.
- Abreast with current research inventions and properly implement these practices in patient care settings.
- Comfortable interacting with patient and their family members and other physicians and medical staff involved in the patient care.
- Possess outstanding communication and interpersonal skills.

EDUCATION & CREDENTIALS

Medical School / Residency / Fellowship

Nephrology Fellowship

Loyola University Medical Center, Maywood, IL

Jul 2009-June 2011

Internal Medicine Residency

William Beaumont Hospital, Royal Oak, MI

Jul 2005-Jul 2008

Bachelor of Medicine, Bachelor of Surgery (MBBS)

Andhra Medical College, Visakhapatnam, India

Oct 1996-Jun 2002

Medical Licensure

- Physician Permanent License (Indiana – 01071807A; Illinois – 036123880; Michigan – 4301086504)

Board Certifications

- American Board of Internal Medicine/ Nephrology (October 2011)
- American Board of Internal Medicine (August 2008)
- ECFMG Certification (USMLE Step1-94, USMLE Step2 CK-96, USMLE Step2 CS-Passed, USMLE Step3-86)

CLINICAL EXPERIENCE

Internal Medicine/ Nephrology ▪ Self employed

Aug 2015 – Present

Nephrologist (Part-time)▪

Primecare Dialysis.

2016 - present

Primecare Nephrology. Dr. Oswaldo Wagener, Oak Park, IL

Dec 2013 – Present

Internal Medicine/ Nephrology ▪ Datta Sambare S.C., Oak Park, IL

Dec 2013 – July 2015

Nephrologist ▪ Northwest Indiana Nephrology, Munster, IN

Nov 2012 - Oct 2013

Nephrologist ▪ Optimum Kidney Care, Chicago, IL

Aug 2011 - Oct 2012

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Hospitalist ▪ William Beaumont Hospital, Royal Oak, MI

Jul 2008 - Jun 2009

PROFESSIONAL AFFILIATIONS

- American Society of Nephrology
- American Society of Internal Medicine

PUBLICATIONS

- The RIFLE Criteria as a Predictor of Mortality in Geriatric Patients Admitted to a Medical Intensive Care Unit
Francis Dumler, **Rajani Kosuri**; Hemodialysis International, Vol. 14 No. 1, 2010
- Anemia Management With Darbepoetin-Alfa in Outpatient Hemodialysis Patients Switched from Epoetin-Alfa: A Community Hospital Experience
Agrawal, Varun MD; Mukherjee, Sudipto MD, PhD, MPH; Kosuri, **Rajani, MD**; Dumler, Francis MD; American Journal of Therapeutics: 29 September 2009
- Minimal Coronary Artery Calcium Score Alone Fails to Reliably Detect Significant Lesions in Acute Chest Pain Patients
JACC February 21, 2006; Michael J. Gallagher, Gilbert Raff, James A. Goldstein, Michael A. Ross, Brian O'Neil, James Wegner, Aparna Balichetty, **Rajani Kosuri**, William W. O'Neil
- Coronary 64-slice Computed Tomographic Angiography Models Employing Aortic Root and Selective Catheter Directed Contrast Enhancement in Swine: Technical Feasibility and Preliminary Results Using 3D and 4D Reconstructions
Int J Cardiovasc Imaging 2006 Mar 15; Kostaki Bis , Anil Shetty, Stacy Brewington, Paul Arpasi, **Rajani Kosuri**, Wendy Stein, Michael Lauer, William O'Neil
- Atypical Chest Pain: Coronary, Aortic, and Pulmonary Vasculature Enhancement at Biphasic Single-Injection 64-Section CT Angiography
Radiology 2007 243: 368-376; Thomas G. Vrachliotis, MD; Kostaki G. Bis, MD; Ahmad Haidary, MD; **Rajani Kosuri**, MD; Mamtha Balasubramanian, MS; Michael Gallagher, MD; Gilbert Raff, MD; Michael Ross, MD; Brian O'Neil, MD; and William O'Neil, MD
- Comparison of a Biphasic Single Injection 64-slice CT-Angiography Protocol to Current Standard Protocols Used for Evaluation of Aortic and Pulmonary Vasculature
AJRONline.org, Apr 2006; 186:A83-A96; Haidary A.F.1; Bis K.G.1; Vrochliotis T.G.1; **Kosuri R.1**; Balasubramanian M.1; Ross M.1; O'Neil, B.1; O'Neil, W.

PRESENTATIONS

- Case report of Wegner's Granulomatosis superimposed on IgA Nephropathy at ACP-ASIM
- Case report of Multiorgan failure associated with serotonin syndrome after a suicide attempt at ACP-ASIM
- Submitted a case report of Immune mediated mesangioproliferative glomerulonephritis triggered by cytomegalovirus to ACP
- Submitted a case report of Pheochromocytoma presenting with myocardial infarction and Tako-tsubo like ventricular dysfunction to ACP

LANGUAGE SKILLS

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- Proficient in English, Hindi, and Telugu

TITLE: BASIC TRAINING PROGRAM OVERVIEW

Mission

DaVita's Basic Training Program for Hemodialysis provides the instructional preparation and the tools to enable teammates to deliver quality patient care. Our core values of *service excellence, integrity, team, continuous improvement, accountability, fulfillment and fun* provide the framework for the Program. Compliance with State and Federal Regulations and the inclusion of DaVita's Policies and Procedures (P&P) were instrumental in the development of the program.

Explanation of Content

Two education programs for the new nurse or patient care technician (PCT) are detailed in this section. These include the training of new DaVita teammates **without** previous dialysis experience and the training of the new teammates **with** previous dialysis experience. A program description including specific objectives and content requirements is included.

This section is designed to provide a *quick reference* to program content and to provide access to key documents and forms.

The **Table of Contents** is as follows:

- I. Program Overview (TR1-01-01)
- II. Program Description (TR1-01-02)
 - Basic Training Class ICHD Outline (TR1-01-02A)
 - Basic Training Nursing Fundamentals ICHD Class Outline (TR1-01-02B)
- III. Education Enrollment Information (TR1-01-03)
- IV. Education Standards (TR1-01-04)
- V. Verification of Competency
 - New teammate without prior experience (TR1-01-05)
 - New teammate with prior experience (TR1-01-06)
 - Medical Director Approval Form (TR1-01-07)
- VI. Evaluation of Education Program
 - Program Evaluation
 - Basic Training Classroom Evaluation (TR1-01-08A)
 - Basic Training Nursing Fundamentals ICHD Classroom Evaluation (TR1-01-08B)
 - Curriculum Evaluation
- VII. Additional Educational Forms
 - New Teammate Weekly Progress Report for the PCT (TR1-01-09)
 - New Teammate Weekly Progress Report for Nurses (TR1-01-10)
 - Training hours tracking form (TR1-01-11)
- VIII. State-specific information/forms (as applicable)

**TITLE: BASIC TRAINING FOR HEMODIALYSIS PROGRAM
DESCRIPTION**

Introduction to Program

The Basic Training Program for Hemodialysis is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment and fun*.

The Basic Training Program for Hemodialysis is designed to provide the new teammate with the theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates. Newly hired teammates must meet all applicable State requirements for education, training, credentialing, competency, standards of practice, certification, and licensure in the State in which he or she is employed. For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, DaVita will review the individual's military education and skills training, determine whether any of the military education or skills training is substantially equivalent to the Basic Training curriculum and award credit to the individual for any substantially equivalent military education or skills training.

A non-experienced teammate is defined as:

- A newly hired patient care teammate without prior dialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous dialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.

An experienced teammate is defined as:

- A newly hired or rehired teammate who can show proof of completing a dialysis training program and has provided at least 3 months of hands on dialysis care to patients within the past 12 months.

The curriculum of the Basic Training Program for Hemodialysis is modeled after Federal Law and State Boards of Nursing requirements, the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing, and the Board of Nephrology Examiners Nursing and Technology guidelines. The program also incorporates the policies, procedures, and guidelines of DaVita HealthCare Partners Inc.

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"Day in the Life" is DaVita's learning portal with videos for RNs, LPN/LVNs and patient care technicians. The portal shows common tasks that are done throughout the workday and provides links to policies and procedures and other educational materials associated with these tasks thus increasing their knowledge of all aspects of dialysis. It is designed to be used in conjunction with the "Basic Training Workbook."

Program Description

The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and a minimum of (2) 240 hours clinical practicum, unless otherwise specified by individual state regulations.

The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed hemodialysis workbooks for the teammate, demonstrations and observations. This education may be coordinated by the Clinical Services Specialist (CSS), a nurse educator, the administrator, or the preceptor.

Within the clinic setting this training includes

- Principles of dialysis
- Water treatment and dialysate preparation
- Introduction to the dialysis delivery system and its components
- Care of patients with kidney failure, including assessment, data collection and interpersonal skills
- Dialysis procedures and documentation, including initiation, monitoring, and termination of dialysis
- Vascular access care including proper cannulation techniques
- Medication preparation and administration
- Laboratory specimen collection and processing
- Possible complications of dialysis
- Infection control and safety
- Dialyzer reprocessing, if applicable

The program also introduces the new teammate to DaVita Policies and Procedures (P&P), and the Core Curriculum for Dialysis Technicians.

The **didactic phase** also includes classroom training with the CSS or nurse educator. Class builds upon the theory learned in the Workbooks and introduces the students to more advanced topics. These include:

- Acute Kidney Injury vs. Chronic Renal Failure
- Manifestations of Chronic Renal Failure
- Normal Kidney Function vs. Hemodialysis
- Documentation & Flow Sheet Review

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- Patient Self-management
- Motivational Interviewing
- Infection Control
- Data Collection and Assessment
- Water Treatment and Dialyzer Reprocessing
- Fluid Management
- Pharmacology
- Vascular Access
- Renal Nutrition
- Laboratory
- The Hemodialysis Delivery System
- Adequacy of Hemodialysis
- Complications of Hemodialysis
- Importance of P&P
- Role of the Renal Social Worker
- Conflict Resolution
- The DaVita Quality Index

Also included are workshops, role play, and instructional videos. Additional topics are included as per specific state regulations.

A final comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase. The *DaVita Basic Training Final Exam* can be administered by the instructor in a classroom setting, or be completed online (DVU2069-EXAM). The new teammate's preceptor will proctor the online exam. DVU2069-EXAM is part of the new teammate's new hire curriculum in the LMS. If the exam is administered in class and the teammate attains a passing score, The LMS curriculum will show that training has been completed.

If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given. The second exam may be administered by the instructor in a classroom setting, or be completed online. For online completion, if DVU2069-EXAM has not yet been taken in the teammate's curriculum no additional enrollment into the exam is necessary. If the new teammate took DVU2069-EXAM as the initial exam, the CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in the LMS DaVita Basic Training Final Exam (DVU2069-EXAM) and the teammate's preceptor will proctor the exam. If the new teammate receives a score of less than 80% on the second exam, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. **Note:** FA teammate enrollment in DVU2069-EXAM is limited to one time.

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Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, systems/applications training, One For All orientation training, Compliance training, Diversity training, mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the unit.

The **didactic phase** for nurses includes three days of additional classroom training and covers the following topics:

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P
- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse
- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
 - Culture of Safety, Conducting a Homeroom Meeting
 - Nurse Responsibilities, Time Management
 - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
 - Surfing the VillageWeb – Important sites and departments, finding information

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate a progression of skills required to perform the hemodialysis procedures in a safe and effective manner. A *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training. The Basic Training workbook for Hemodialysis will also be utilized for this training and must be completed to the satisfaction of the preceptor and the registered nurse.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory Educational Water courses and the corresponding skills checklists.

**Training Program Manual
Basic Training for Hemodialysis
DaVita HealthCare Partners Inc.**

TR1-01-02

Both the didactic phase and/or the clinical practicum phase will be successfully completed, along with completed and signed skills checklists, prior to the new teammate receiving an independent assignment. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

The education program for the newly hired patient care provider teammate with **previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The new teammate will utilize the Basic Training Workbook for Hemodialysis and progress at his/her own pace. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level. The *Procedural Skills Verification Checklist* including verification of review of applicable P&P will be completed by the preceptor, and the registered nurse in charge of the training upon demonstration of an acceptable skill-level by the new teammate, and then signed by the new teammate, the RN trainer and the facility administrator.

Ideally teammates will attend Basic Training Class, however, teammates with experience may opt-out of class by successful passing of the *DaVita Basic Training Final Exam* with a score of 80% or higher. The new experienced teammate should complete all segments of the workbook including the recommended resources to prepare for taking the *DaVita Basic Training Final Exam* as questions not only assess common knowledge related to the hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care. The new teammate with experience will be auto-enrolled in the *DaVita Basic Training Final Exam* (DVU2069-EXAM) in the LMS as part of their new hire curriculum. The new teammate's preceptor will proctor the exam.

If the new teammate with experience receives a score of less than 80% on the *DaVita Basic Training Final Exam*, this teammate will be required to attend Basic Training Class. The *DaVita Basic Training Final Exam* can be administered by the instructor in a classroom setting, or be completed online. If it is completed online, the CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in the LMS *DaVita Basic Training Final Exam* (DVU2069-EXAM) and the teammate's preceptor will proctor the exam. If the new teammate receives a score of less than 80% on the *DaVita Basic Training Final Exam* after class, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. **Note:** FA teammate enrollment in DVU2069-EXAM is limited to one time.

**Training Program Manual
Basic Training for Hemodialysis
DaVita HealthCare Partners Inc.**

TR1-01-02

Prior to the new teammate receiving an independent patient-care assignment, the skills checklist must be completed and signed along with a passing score from the classroom exam or the *Initial Competency Exam*. Completion of the skills checklist is indicated by the new teammate in the LMS (RN: SKLINV1000, PCT: SKLINV2000) and then verified by the FA.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-01-05, TR1-01-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

The goal of the program is for the trainee to successfully meet all training requirements. Failure to meet this goal is cause for dismissal from the training program and subsequent termination by the facility.

Process of Program Evaluation

The Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the DaVita Basic Training Class Evaluation (TR1-01-08A) and Basic Training Nursing Fundamentals (TR1-0108B), the New Teammate Satisfaction Survey and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.



Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Support Services

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(g) that Melrose Village Dialysis will maintain an open medical staff.

I also certify the following with regard to needed support services:

- DaVita utilizes a dialysis electronic data system;
- Melrose Village Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Secretary
DaVita Inc.
Adiron Dialysis, LLC

Subscribed and sworn to me
This ___ day of ___, 2016

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On December 7, 2016 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

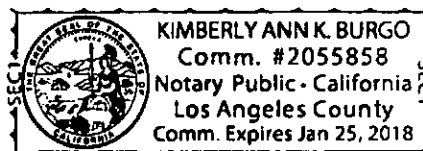
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson - Certificate re CON Application (Adiron Dialysis, LLC)

Document Date: December 7, 2016

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Adiron Dialysis, LLC

FOR COMPANY USE ONLY:
Clinic #: 11666

PATIENT TRANSFER AGREEMENT

This **PATIENT TRANSFER AGREEMENT** (the "Agreement") is made as of the last date of signature hereto (the "Effective Date"), by and between **Community First Healthcare of Illinois, Inc. d/b/a Community First Medical Center** (hereinafter "Hospital") and **Total Renal Care, Inc.**, a subsidiary of DaVita Inc. ("Company").

RECITALS

WHEREAS, the parties hereto desire to enter into this Agreement governing the transfer of patients between Hospital and the following free-standing dialysis clinics owned and operated by Company:

*Melrose Village Dialysis
1985 North Mannheim Road
Melrose Park, IL 60160*

WHEREAS, the parties hereto desire to enter into this Agreement in order to specify the rights and duties of each of the parties and to specify the procedure for ensuring the timely transfer of patients between the facilities;

WHEREAS, the parties wish to facilitate the continuity of care and the timely transfer of patients and records between the facilities; and

WHEREAS, only a patient's attending physician (not Company or the Hospital) can refer such patient to Company for dialysis treatments.

NOW THEREFORE, in consideration of the premises herein contained and for other good and valuable consideration, the receipt and legal sufficiency of which are hereby acknowledged, the parties agree as follows:

1. **HOSPITAL OBLIGATIONS.** In accordance with the policies and procedures as hereinafter provided, and upon the recommendation of an attending physician, a patient of Company may be transferred to Hospital.

(a) Hospital agrees to exercise its best efforts to provide for prompt admission of patients provided that all usual, reasonable conditions of admission are met. All transfers between the facilities shall be made in accordance with applicable federal and state laws and regulations, the standards of The Joint Commission ("TJC") and any other applicable accrediting bodies, and reasonable policies and procedures of the facilities. Transfer record forms shall be completed in detail and signed by the physician or nurse in charge at Company and must accompany the patient to the receiving institution.

(b) Neither the decision to transfer a patient nor the decision to not accept a request to transfer a patient shall be predicated upon arbitrary, capricious or unreasonable discrimination or based upon the patient's inability to pay for services rendered by either facility.

2. COMPANY OBLIGATIONS.

(a) Upon transfer of a patient to Hospital, Company agrees:

- i. That it shall transfer any needed personal effects of the patient, and information relating to the same, and shall be responsible therefore until signed for by a representative of Hospital;
- ii. Original medical records kept by each of the parties shall remain the property of that institution; and
- iii. That transfer procedures shall be made known to the patient care personnel of each of the parties.

(b) Company agrees to transmit with each patient at the time of transfer, or in case of an emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to provide identifying and other information, to include:

- i. current medical findings;
- ii. diagnosis;
- iii. rehabilitation potential;
- iv. discharge summary;
- v. a brief summary of the course of treatment followed;
- vi. nursing and dietary information;
- vii. ambulating status; and
- viii. administrative and pertinent social information.

(c) Company agrees to readmit to its facilities patients who have been transferred to Hospital for medical care as clinic capacity allows. Hospital agrees to keep the administrator or designee of Company advised of the condition of the patients that will affect the anticipated date of transfer back to Company and to provide as much notice of the transfer date as possible. Company shall assign readmission priority for its patients who have been treated at Hospital and who are ready to transfer back to Company.

3. BILLING, PAYMENT, AND FEES. Hospital and Company each shall be responsible for billing the appropriate payor for the services it provides, respectively, hereunder. Company shall not act as guarantor for any charges incurred while the patient is a patient in Hospital.

4. HIPAA. Hospital and Company agree to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Hospital and Company

acknowledge and agree that from time to time, HIPAA may require modification to this Agreement for compliance purposes. Hospital and Company further acknowledge and agree to comply with requests by the other party hereto related to HIPAA.

5. **STATUS AS INDEPENDENT CONTRACTORS.** The parties acknowledge and agree that their relationship is solely that of independent contractors. Governing bodies of Hospital and Company shall have exclusive control of the policies, management, assets, and affairs of their respective facilities. Nothing in this Agreement shall be construed as limiting the right of either to affiliate or contract with any other Hospital or facility on either a limited or general basis while this Agreement is in effect. Neither party shall use the name of the other in any promotional or advertising material unless review and approval of the intended use shall be obtained from the party whose name is to be used and its legal counsel.

6. **INSURANCE.** Each party shall secure and maintain, or cause to be secured and maintained during the term of this Agreement, commercial general liability, property damage, and workers compensation insurance in amounts generally acceptable in the industry, and professional liability insurance providing minimum limits of liability of \$1,000,000 per occurrence and \$3,000,000 in aggregate. Each party shall deliver to the other party certificate(s) of insurance evidencing such insurance coverage upon execution of this Agreement, and annually thereafter upon the request of the other party. Each party shall provide the other party with not less than thirty (30) days prior written notice of any change in or cancellation of any of such insurance policies. Said insurance shall survive the termination of this Agreement.

7. **INDEMNIFICATION.**

(a) **Hospital Indemnity.** Hospital hereby agrees to defend, indemnify and hold harmless Company and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Hospital and its staff regardless of whether or not it is caused in part by Company or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Company.

(b) **Company Indemnity.** Company hereby agrees to defend, indemnify and hold harmless Hospital and its shareholders, affiliates, officers, directors, employees, and agents for, from and against any claim, loss, liability, cost and expense (including, without limitation, costs of investigation and reasonable attorney's fees), directly or indirectly relating to, resulting from or arising out of any action or failure to act arising out of this Agreement by Company and its staff regardless of whether or not it is caused in part by Hospital or its officers, directors, agents, representatives, employees, successors and assigns. This indemnification provision shall not be effective as to any loss attributable exclusively to the negligence or willful act or omission of Hospital.

(c) Survival. The indemnification obligations of the parties shall continue in full force and effect notwithstanding the expiration or termination of this Agreement with respect to any such expenses, costs, damages, claims and liabilities which arise out of or are attributable to the performance of this Agreement prior to its expiration or termination.

8. DISPUTE RESOLUTION. Any dispute which may arise under this Agreement shall first be discussed directly with representatives of the departments of the parties that are directly involved. If the dispute cannot be resolved at this level, it shall be referred to administrative representatives of the parties for discussion and resolution.

(a) Informal Resolution. Should any dispute between the parties arise under this Agreement, written notice of such dispute shall be delivered from one party to the other party and thereafter, the parties, through appropriate representatives, shall first meet and attempt to resolve the dispute in face-to-face negotiations. This meeting shall occur within thirty (30) days of the date on which the written notice of such dispute is received by the other party.

(b) Resolution Through Mediation. If no resolution is reached through informal resolution, pursuant to Section 8(a) above, the parties shall, within forty-five (45) days of the first meeting referred to in Section 8(a) above, attempt to settle the dispute by formal mediation. If the parties cannot otherwise agree upon a mediator and the place of the mediation within such forty-five (45) day period, the American Arbitration Association ("AAA") in the State of Illinois shall administer the mediation. Such mediation shall occur no later than ninety (90) days after the dispute arises. All findings of fact and results of such mediation shall be in written form prepared by such mediator and provided to each party to such mediation. In the event that the parties are unable to resolve the dispute through formal mediation pursuant to this Section 8(b), the parties shall be entitled to seek any and all available legal remedies.

9. TERM AND TERMINATION. This Agreement shall be effective for an initial period of one (1) year from the Effective Date and shall continue in effect indefinitely after such initial term, except that either party may terminate by giving at least sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date. Termination shall be effective at the expiration of the sixty (60) day notice period. However, if either party shall have its license to operate its facility revoked by the State or become ineligible as a provider of service under Medicare or Medicaid laws, this Agreement shall automatically terminate on the date such revocation or ineligibility becomes effective.

10. AMENDMENT. This Agreement may be modified or amended from time to time by mutual written agreement of the parties, signed by authorized representatives thereof, and any such modification or amendment shall be attached to and become part of this Agreement. No oral agreement or modification shall be binding unless reduced to writing and signed by both parties.

11. **ENFORCEABILITY/SEVERABILITY.** The provisions of this Agreement are severable. The invalidity or unenforceability of any term or provisions hereto in any jurisdiction shall in no way affect the validity or enforceability of any other terms or provisions in that jurisdiction, or of this entire Agreement in any other jurisdiction.

12. **COMPLIANCE RELATED MATTERS.** The parties agree and certify that this Agreement is not intended to generate referrals for services or supplies for which payment maybe made in whole or in part under any federal health care program. The parties will comply with statutes, rules, and regulations as promulgated by federal and state regulatory agencies or legislative authorities having jurisdiction over the parties.

13. **EXCLUDED PROVIDER.** Each party represents that neither that party nor any entity owning or controlling that party has ever been excluded from any federal health care program including the Medicare/Medicaid program or from any state health care program. Each party further represents that it is eligible for Medicare/Medicaid participation. Each party agrees to disclose immediately any material federal, state, or local sanctions of any kind, imposed subsequent to the date of this Agreement, or any investigation which commences subsequent to the date of this Agreement, that would materially adversely impact Company's ability to perform its obligations hereunder.

14. **NOTICES.** All notices, requests, and other communications to any party hereto shall be in writing and shall be addressed to the receiving party's address set forth below or to any other address as a party may designate by notice hereunder, and shall either be (a) delivered by hand, (b) sent by recognized overnight courier, or (c) by certified mail, return receipt requested, postage prepaid.

If to Hospital: Community First Medical Center
5645 W. Addison Street
Chicago, IL 60634
Attention: Director of Nursing

If to Company: Total Renal Care, Inc.
c/o: DaVita Inc.
5200 Virginia Way
Brentwood, TN 37027
Attention: Group General Counsel

With copies to: Melrose Village Dialysis
c/o: DaVita Inc.
1985 North Mannheim Road
Melrose Park, IL 60160
Attention: Facility Administrator

All notices, requests, and other communication hereunder shall be deemed effective (a) if by hand, at the time of the delivery thereof to the receiving party at the address of such party set forth above, (b) if sent by overnight courier, on the next business day following the day such

notice is delivered to the courier service, or (c) if sent by certified mail, five (5) business days following the day such mailing is made.

15. **ASSIGNMENT.** This Agreement shall not be assigned in whole or in part by either party hereto without the express written consent of the other party, except that Company may assign this Agreement to one of its affiliates or subsidiaries without the consent of Hospital.

16. **COUNTERPARTS.** This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Copies of signatures sent by facsimile shall be deemed to be originals.

17. **NON-DISCRIMINATION.** All services provided by Hospital hereunder shall be in compliance with all federal and state laws prohibiting discrimination on the basis of race, color, religion, sex, national origin, handicap, or veteran status.

18. **WAIVER.** The failure of any party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition, and the obligations of such party with respect thereto shall continue in full force and effect.

19. **GOVERNING LAW.** The laws of the State of Illinois shall govern this Agreement.

20. **HEADINGS.** The headings appearing in this Agreement are for convenience and reference only, and are not intended to, and shall not, define or limit the scope of the provisions to which they relate.

21. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes any and all other agreements, either oral or written, between the parties (including, without limitation, any prior agreement between Hospital and Company or any of its subsidiaries or affiliates) with respect to the subject matter hereof.

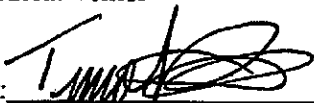
22. **APPROVAL BY DAVITA INC. ("DAVITA") AS TO FORM.** The parties acknowledge and agree that this Agreement shall take effect and be legally binding upon the parties only upon full execution hereof by the parties and upon approval by DaVita Inc. as to the form hereof.

[SIGNATURES APPEAR ON THE FOLLOWING PAGE.]

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates set forth by their respective names to be effective as of the Effective Date.

Hospital:

Community First Healthcare of
Illinois, Inc. d/b/a Community First
Medical Center

By: 

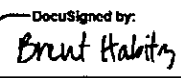
Name: Timothy R. Davis

Its: Exec. Director of Ops

Date: 3/9/17

Company:

Total Renal Care, Inc.

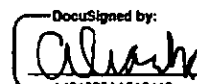
DocuSigned by:
By: 
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Name: Brent Habitz

Its: Regional Operations Director

Date: March 19, 2017

APPROVED AS TO FORM ONLY:

DocuSigned by:
By: 
A491080AA510419...

Name: Alicia K. Wiggs

Its: Corporate Counsel – Operations

Certificate Of Completion

Envelope Id: B6033069A3C64CD9A71A98AE3899A8BB

Status: Completed

Subject: Please DocuSign: IL - PTA - Metrose Village Dialysis #11666 and Community First Medical Center.pdf

Source Envelope:

Document Pages: 7

Signatures: 2

Envelope Originator:

Supplemental Document Pages: 0

Initials: 0

Jennifer Schroeder

Certificate Pages: 5

AutoNav: Enabled

Payments: 0

2000 16th Street

Envelope Stamping: Enabled

Denver, CO 80202

Time Zone: (UTC-08:00) Pacific Time (US &

jennifer.schroeder@davita.com

Canada)

IP Address: 70.231.38.98

Record Tracking

Status: Original

Holder: Jennifer Schroeder

Location: DocuSign

3/17/2017 9:02:32 AM

jennifer.schroeder@davita.com

Signer Events

Brent Habitz

Brent.Habitz@davita.com

Regional Operations Director

Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:
Brent Habitz
482286C38291AAB...

Using IP Address: 50.178.239.102

Timestamp

Sent: 3/17/2017 9:04:55 AM

Viewed: 3/19/2017 12:17:25 PM

Signed: 3/19/2017 12:17:48 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

Alicia K. Wiggs

alicia.wiggs@davita.com

Corporate Counsel

Security Level: Email, Account Authentication
(None)

DocuSigned by:
Alicia Wiggs
A48108DA610410...

Using IP Address: 174.196.139.205

Signed using mobile

Sent: 3/19/2017 12:17:49 PM

Viewed: 3/19/2017 12:19:34 PM

Signed: 3/19/2017 12:19:48 PM

Electronic Record and Signature Disclosure:

Accepted: 3/19/2017 12:19:34 PM

ID: 3676cdc1-a0a1-4fc9-8471-01fdb313ac8c

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Notary Events

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

3/19/2017 12:17:49 PM

Certified Delivered

Security Checked

3/19/2017 12:19:34 PM

Signing Complete

Security Checked

3/19/2017 12:19:48 PM

Completed

Security Checked

3/19/2017 12:19:48 PM



Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1110.1430(k), I hereby certify the following:

- By the second year after project completion, Melrose Village Dialysis expects to achieve and maintain 80% target utilization; and
- Melrose Village Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
 - $\geq 85\%$ of hemodialysis patient population achieves urea reduction ratio (URR) $\geq 65\%$ and
 - $\geq 85\%$ of hemodialysis patient population achieves Kt/V Daugirdas II 1.2

Sincerely,

Print Name: Arturo Sida
Its: Assistant Secretary
DaVita Inc.
Adiron Dialysis, LLC

Subscribed and sworn to me
This ____ day of _____, 2016

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On December 7, 2016 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

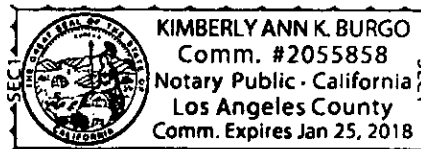
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson - Certificate re CON Application (Adiron Dialysis, LLC)

Document Date: December 7, 2016 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Adiron Dialysis, LLC

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with V & V, LLC. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted. A letter of intent to lease the facility is attached at Attachment – 34.



77 West Wacker Drive, Suite 1800
Chicago, IL 60601
Web: www.cushmanwakefield.com

February 8, 2017

Jason R. Lenhoff
1130 Lake Cook Rd, Suite 280
Buffalo Grove, IL 60089

RE: LOI – 1985-1997 N. Mannheim Rd, Melrose Park, IL 60160

Mr. Lenhoff:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita HealthCare Partners, Inc. to assist in securing a lease requirement. DaVita HealthCare Partners, Inc. is a Fortune 200 company with revenues of approximately \$13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 internationally.

Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

<u>PREMISES:</u>	1985-1997 N. Mannheim Rd, Melrose Park, IL 60160
<u>TENANT:</u>	Total Renal Care, Inc. or related entity to be named
<u>LANDLORD:</u>	V & V, LLC
<u>SPACE REQUIREMENTS:</u>	Requirement is for approximately 8,052 SF of contiguous rentable square feet known as Unit 1985-1997 on the site plan. Tenant shall have the right to measure space based on ANSI/BOMA Z65.1-1996. Final premises rentable square footage to be confirmed prior to lease execution with approved floor plan and attached to lease as an exhibit.
<u>PRIMARY TERM:</u>	10 years from Rent Commencement, with a ten percent (10%) increase every five (5) years
<u>BASE RENT:</u>	\$15.36psf NNN \$123,678.72 per year
<u>ADDITIONAL EXPENSES:</u>	Operating expense costs are estimated at \$8.15 psf in the first full lease year and no greater than 5% increases annually thereafter, excluding Real Estate Taxes, insurance, site utilities, site electric, snow and ice removal.
<u>LANDLORD'S MAINTENANCE:</u>	Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

**POSSESSION AND
RENT COMMENCEMENT:**

Subject to Force Majeure, Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 90 days from lease execution and waiver of contingencies. Rent Commencement shall be the earlier of six (6) months from Possession or the date each of the following conditions have occurred:

- a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and
- b. A certificate of occupancy for the Premises has been obtained from the city or county; and
- c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM:

Tenant's standard lease form.

USE:

Subject to existing exclusives, the operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose.

PARKING:

Landlord shall provide six (6) patient parking stalls in the section nearest to the entrance of the Premises.

BUILDING SYSTEMS:

Landlord shall warrant that the building's roof and foundation are in good order and repair for one year after lease commencement. Furthermore, Landlord will remain responsible for ensuring the parking and common areas are ADA compliant.

BASE BUILDING:

In addition, Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in the structure including the exterior walls, lintels, floor and roof framing or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved by a Structural Engineer and Tenant. Landlord will deliver the premises to Tenant in an "As Is, Where Is" condition. Tenant will do any and all buildout of the premises as necessary.

TENANT IMPROVEMENTS:

Landlord shall provide a \$15.00psf tenant allowance, payable as specified in the lease.

Tenant shall have the option to have the TIA paid directly to Tenant or Tenant's general contractor and/or sub-contractors on a monthly draw basis with a sworn statement and Lien Waiver for any dollar amount exceeding three thousand dollars (\$3,000.00). TIA to be Tenant's sole discretion, right to select architectural and engineering firms, no supervision fees associated with construction, no charges may be imposed by landlord for the use of loading docks, freight elevators during construction, shipments and landlord to pad elevators, etc.

OPTION TO RENEW:

Three (3), five (5) year options to renew the lease with no less than six (6) months written notice to Landlord. Option rent shall be increased by 10% after Year 10 of the initial term and following each successive five-year option periods.

**FAILURE TO DELIVER
PREMISES:**

If Landlord has not delivered the premises to Tenant with all base building items substantially completed within 90 days from the later of lease execution or waiver of contingencies, Tenant may elect to receive one day of rent abatement for every day of delay beyond the 90 day delivery period.

HOLDING OVER:

Tenant shall be obligated to pay 125% for the then current rate.

TENANT SIGNAGE:

Tenant shall have the right to install building, monument and pylon signage at the Premises, should such pylon or monument signage be available, subject to compliance with all applicable laws and regulations. Landlord, at Landlord's expense, will furnish Tenant with any standard building directory signage.

BUILDING HOURS:

Maximum hours per Village of Melrose Park code.

SUBLEASE/ASSIGNMENT:

Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Healthcare Partners, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval. Parent company shall remain as Guarantor of the Lease.

ROOF RIGHTS:

Tenant shall have the right to place a satellite dish on the roof at no additional fee, subject to Village of Melrose Park code and ordinances, and any other lease restrictions.

NON-COMPETE:

Landlord agrees not to lease space to another dialysis provider within a three (3) mile radius of Premises, with the exception of any existing leases which may be in place upon future purchases. This Non-Compete is valid for the initial term of the lease only, and shall not apply to any

Option Periods should the Tenant elect to renew the lease for any term thereafter.

HVAC:

As part of Landlord's work, Landlord shall provide HVAC units meeting Tenant's specifications.

DELIVERIES:

TBD

**GOVERNMENTAL
COMPLIANCE:**

Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).

CERTIFICATE OF NEED:

Tenant CON Obligation: Landlord and Tenant understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, the Tenant cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date neither party shall have any further obligation to the other party with regard to the negotiations, lease, or Premises contemplated by this Letter of Intent.

BROKERAGE FEE:

Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee pursuant to a separate agreement.



It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. The information in this email is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew Gramlich

CC: DaVita Regional Operational Leadership
DaVita Team Genesis Real Estate

SIGNATURE PAGE

LETTER OF INTENT:1985-1997 N. MANNHEIM RD
MELROSE PARK, IL 60160AGREED TO AND ACCEPTED THIS 14 DAY OF FEBRUARY 2017By: On behalf of Total Renal Care, Inc., a wholly owned subsidiary of DaVita
Healthcare Partners, Inc.
("Tenant")AGREED TO AND ACCEPTED THIS 8th DAY OF FEBRUARY 2017By: Vand V LLC
("Landlord")

EXHIBIT A**NON-BINDING NOTICE**

NOTICE: THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR C&W) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR C&W INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. C&W IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES C&W HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.

Antelope Avenue

2000

2031

1977

1981

1951

1945

1935

1924

1912

U.S. Route 12 & 43

Mannheim Road - U.S. Route 12 & 43

North Avenue - Route 45

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted.

Section X, Economic Feasibility Review Criteria

Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 37A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Adiron Dialysis, LLC attesting that the total estimated project costs will be funded entirely with cash.



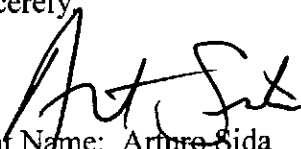
Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Sincerely,


Print Name: Arturo Sida
Its: Assistant Secretary
DaVita Inc.
Adiron Dialysis, LLC

Subscribed and sworn to me
This ____ day of ____, 2016

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On December 7, 2016 before me, Kimberly Ann K. Burgo, Notary Public
(here insert name and title of the officer)

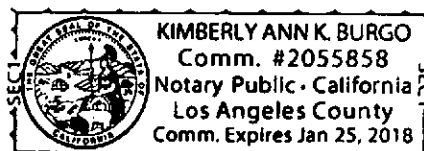
personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Ltr. to K.Olson - Certificate re CON Application (Adiron Dialysis, LLC)

Document Date: December 7, 2016

Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Secretary

(Title(s))

☐ Partner

☐ Attorney-in-Fact

☐ Trustee

☐ Guardian/Conservator

☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Adiron Dialysis, LLC

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

This project will be funded in total with cash and cash equivalents. Accordingly, this criterion is not applicable.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is provided in the table below.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
CLINICAL									
ESRD		\$169.45			4,994			\$846,244	\$846,244
Contingency		\$25.03			4,994			\$125,000	\$125,000
TOTAL CLINICAL		\$194.48			4,994			\$971,244	\$971,244
NON- CLINICAL									
ESRD		\$169.45			3,058			\$518,184	\$518,184
Contingency		\$24.53			3,058			\$75,000	\$75,000
TOTAL NON- CLINICAL		\$193.98			3,058			\$593,184	\$593,184
TOTAL		\$194.29			8,052			\$1,564,428	\$1,564,428

* Include the percentage (%) of space for circulation

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed Project	State Standard	Above/Below State Standard
New Construction Contracts & Contingencies	\$971,244	$\$194.87 \times 4,994 \text{ GSF}$ $= \$973,181$	Meets State Standard
Contingencies	\$125,000	10% - 15% of Modernization Contracts $10\% - 15\% \times \$846,244 =$ $\$84,624 - \$126,936$	Meets State Standard
Architectural/Engineering Fees	\$97,152	7.08% - 10.62% of Modernization Construction Contracts + Contingencies) = $7.08\% - 10.62\% \times$ $(\$846,244 + \$125,000) =$ $7.08\% - 10.62\% \times$	Meets State Standard

Table 1120.310(c)

	Proposed Project	State Standard	Above/Below State Standard
		\$971,244 = \$68,764 - \$103,146	
Consulting and Other Fees	\$67,977	No State Standard	No State Standard
Moveable Equipment	\$536,973	\$53,682.74 per station x 12 stations \$53,682.74 x 12 = \$644,192	Below State Standard
Fair Market Value of Leased Space or Equipment	\$863,493	No State Standard	No State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses: \$2,738,928

Treatments: 10,608

Operating Expense per Treatment: \$258.19

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs:

Depreciation:	\$244,123
Amortization:	\$ 13,434
Total Capital Costs:	\$257,557

Treatments: 10,608

Capital Costs per Treatment: \$24.28

Section XI, Safety Net Impact Statement

1. **DaVita Inc.:** DaVita Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. DaVita led the industry in quality, with twice as many Four- and Five-Star centers than other major dialysis providers. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients.
2. The proposed project will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. As shown in Table 1110.1430(b), the utilization of adult ICHD facilities operating for over 2 years and within 30 minutes of the proposed Melrose Village Dialysis is 74.1%. There are 145 combined patients from Dr. Aneziokoro's and DuPage Medical Group practices suffering from CKD and residing within 30 minutes of the proposed site for Melrose Village Dialysis. At least 68 of these patients will be expected to require dialysis treatment within 12 to 24 months of project completion. As such, the proposed facility is necessary to allow the existing facilities to operate at a more optimum capacity, while at the same time accommodating the growing demand for dialysis services. Accordingly, the proposed dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.
2. The proposed project is for the establishment of Melrose Village Dialysis. As such, this criterion is not applicable.
3. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

Safety Net Information per PA 96-0031			
CHARITY CARE - DaVita Inc.			
	2014	2015	2016
Charity (# of patients)	146	109	110
Charity (cost in dollars)	\$2,477,363	\$2,791,566	\$2,400,299
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	708	422	297
Medicaid (revenue)	\$8,603,971	\$7,381,390	\$4,692,716

Section XII, Charity Care Information

The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

CHARITY CARE - DaVita Inc.			
	2014	2015	2016
Net Patient Revenue	\$266,319,949	\$311,351,089	\$353,226,322
Amount of Charity Care (charges)	\$2,477,363	\$2,791,566	\$2,400,299
Cost of Charity Care	\$2,477,363	\$2,791,566	\$2,400,299

Appendix I – Physician Referral Letter

Attached as Appendix 1 are the letters from Dr. Aneziokoro and DuPage Medical Group projecting that 68 pre-ESRD patients will progress to ESRD and require dialysis treatment within 12 to 24 months of project completion.

Ogbonnaya Aneziokoro, M.D.
Northwest Medical Associates of Chicago, Inc.
2222 W. Division Street, Suite 210
Chicago, Illinois 60622

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

I am pleased to support DaVita's establishment of Melrose Village Dialysis. The proposed 12-station chronic renal dialysis facility, to be located at 1985 North Mannheim Road, Melrose Park, Illinois 60160 will directly benefit my patients.

DaVita's proposed facility will improve access to necessary dialysis services in the near west suburbs of Chicago. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes.

The site of the proposed facility is close to Interstates 88, 290, and 294 (I-88, I-290, and I-294) and will provide better access to patients residing in the near west suburbs of Chicago. Utilization of facilities that have been operational for 2 years and within 30 minutes of the proposed facility was 74.1%, according to March 31, 2017 reported census data.

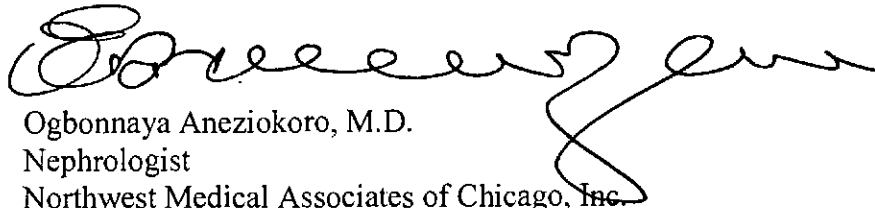
I have identified 1,079 patients from my practice who are suffering from Stage 3, 4, or 5 CKD. For the purpose of this application, I have identified 30 patients who reside within 5 miles and under 30 minutes of the proposed facility. Conservatively, I predict at least 14 of these patients will progress to dialysis within 12 to 24 months of completion of Melrose Village Dialysis. My large patient base and the significant utilization at nearby facilities demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area, for the past 3 years and most recent quarter is provided at Attachment - 1. A list of new patients my practice has referred for in-center hemodialysis for the past year and most recent quarter is provided at Attachment - 2. The list of zip codes for the 30 pre-ESRD patients previously referenced is provided at Attachment - 3A.

These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

DaVita is a leading provider of dialysis services in the United States and I support the proposed establishment of Melrose Village Dialysis.

Sincerely,



Ogbonnaya Aneziokoro, M.D.

Nephrologist

Northwest Medical Associates of Chicago, Inc.

2222 W. Division Street, Suite 210

Chicago, Illinois 60622

Subscribed and sworn to me

This 29 day of June, 2017

Notary Public: Melissa Bolwin



Attachment 1
Historical Patient Utilization

Big Oaks Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60046	1	60053	1	60053	1	60053
1	60053	1	60068	1	60068		
1	60068						

Attachment 1
Historical Patient Utilization

Emerald Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
2	60636	2	60636	2	60636	2	60636
1	60649	1	60616	3	60616	3	60616
1	60624	2	60653	2	60653	1	60653
1	60609	1	60637	1	60637	1	60637
1	60620	1	60649	1	60617	1	60617
1	60623	1	60624	1	60632	1	60632
1	60621	1	60619	3	60609	1	60615
		3	60609			1	60609
		1	60647				
		1	60629				
		2	60621				

Historical Patient Utilization

Garfield Kidney Center							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
2	60612	6	60651	8	60651	7	60651
1	60652	2	60623	2	60623	2	60623
1	60153	6	60624	11	60624	8	60624
1	60619	2	60612	4	60612	4	60612
2	60624	1	60652	1	60652	1	60652
1	60622	1	60619	1	60639	1	60639
		1	60153	1	60630	1	60630
		2	60608	4	60644	3	60644
		1	60647	1	60618	1	60618
		1	60620	2	60622	2	60622
		1	60644	1	60616	1	60616
		1	60616	1	60707	1	60707
		2	60622	1	60614	1	60614
		1	60707	1	60621	1	60621
		1	60628	1	60609	1	60609
				1	60608	1	60608
				1	60620	1	60620
				1	60619	1	60619

Historical Patient Utilization

Lawndale Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
6	60804	7	60804	4	60402	39	60623
26	60623	35	60623	1	60619	1	60073
1	60636	3	60629	37	60623	3	60402
1	60644	1	60644	2	60608	1	60659
1	60651	2	60638	5	60644	3	60644
1	60612	1	60651	1	60130	2	60629
1	60402	4	60632	9	60804	9	60804
		4	60402	5	60632	2	60624
		3	60624	2	60638	3	60632
		1	60612	1	60659	1	60651
		1	60659	2	60629	1	60608
		1	60110	2	60624	1	60638
		1	60639	1	60651		

Historical Patient Utilization

Lincoln Park Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
2	60624	1	60659	1	60625	1	60625
2	60625	1	60625	3	60614	4	60614
1	60618	1	60618	1	60641	1	60641
2	60614	2	60614	2	60613	2	60613
2	60639	2	60639	1	60612	1	60612
1	60641	1	60641			1	60618
1	60640	1	60640			1	60610
1	60653	1	60624				
1	60659	1	60612				
1	60612						
1	60659						

Historical Patient Utilization

Little Village Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60402	1	60402	30	60608	32	60608
25	60608	24	60608	2	60616	2	60616
4	60609	4	60609	17	60623	15	60623
1	60612	1	60612	3	60644	2	60644
2	60616	1	60616	20	60632	20	60632
1	60620	1	60620	1	60615	1	60615
19	60623	20	60623	6	60629	5	60629
1	60624	1	60624	1	60612	2	60612
9	60629	10	60629	3	60637	3	60637
18	60632	18	60632	1	60402	1	60402
1	60636	1	60636	1	60622	1	60622
1	60637	1	60637	1	60804	1	60804
2	60644	2	60644	1	60459	1	60459
1	60804	1	60804	1	60636	1	60636
				1	60609	1	60609
				1	60624	1	60624

Historical Patient Utilization

Logan Square Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
6	60639	9	60639	13	60639	13	60639
4	60641	8	60647	10	60647	10	60647
1	60651	5	60641	6	60641	6	60641
2	60618	1	60428	3	60618	3	60618
6	60647	2	60651	1	60428	1	60428
1	60625	2	60618	2	60651	2	60651
1	60644	1	60625	1	60622	1	60622
1	60804	1	60644	2	60625	2	60625
1	60624	1	60804	1	60644	1	60644
		1	60624	1	60804	1	60804
				1	60624	1	60624
						1	60642

Historical Patient Utilization

Loop Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60608	1	60608	1	60610	1	60610

Historical Patient Utilization

Montclare Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
1	60634	1	60620	1	60626	2	60639
1	60651	2	60634	4	60634	2	60707
				2	60639	2	60634
				2	60707	1	60618
				1	60618	1	60651
				1	60620		
				1	60651		

Historical Patient Utilization

Schäumburg Renal Center							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
3	60193	4	60193	7	60193	8	60193
2	60194	2	60194	2	60194	3	60194
4	60133	5	60133	5	60133	7	60133
1	60107	2	60107	2	60107	2	60107
		2	60169	2	60169	2	60169
		1	60138	1	60138	1	60138
		1	60143	1	60143	1	60143
				1	60157	1	60157
				1	60194		

Historical Patient Utilization

West Side Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code
NA	NA	1	60624	1	60624	1	60624
		1	60637	1	60637	1	60637
				1	60632	1	60632

Attachment 2

New Patients

Big Oaks Dialysis			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
NA	NA	NA	NA

New Patients

Emerald Dialysis			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
1	60617	1	60615
1	60632		
2	60616		
1	60609		

New Patients

Garfield Kidney Center			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
4	60644	3	60624
9	60651	1	60632
2	60608	2	60651
1	60612	2	60644
8	60624	1	60453
1	60707	1	60634
1	60153	1	60612
1	60630		
1	60618		
1	60621		
1	60639		

New Patients

Lawndale Dialysis			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
3	60402	6	60623
1	60619	1	60073
12	60623		
2	60608		
2	60644		
1	60130		
6	60804		
2	60632		
1	60638		

New Patients

Lincoln Park Dialysis			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
1	60613	NA	NA
1	60622		
1	60647		
2	60614		
1	60610		

New Patients

Little Village Dialysis			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
10	60608	2	60632
10	60632	5	60608
1	60622	1	60612
6	60623		
1	60618		
1	60609		
2	60629		
1	60644		
2	60624		
2	60637		

New Patients

Logan Square Dialysis			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
1	60618	1	60642
1	60428		
2	60647		
4	60639		
1	60622		
1	60625		
1	60641		

New Patients

Loop Dialysis			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
1	60610	NA	NA

New Patients

Montclare Dialysis			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
1	60626	1	60651
2	60634		
2	60639		
2	60707		
1	60618		
1	60651		

New Patients

Schaumburg Renal Center			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
1	60089	2	60133
3	60193	1	60193
1	60194		
1	60157		

New Patients

West Side Dialysis			
2016		2017 YTD 3/31	
Pt Count	Zip Code	Pt Count	Zip Code
1	60632	NA	NA

Attachment 3A
Pre-ESRD Patients

Zip Code	Total
60106	1
60104	2
60707	10
60176	1
60302	1
60634	14
60304	1
Total	30

Attachment 3B
Pre-ESRD Patients

Zip Code	Total
60160	1
60104	3
60164	3
60171	1
60153	3
60305	2
60163	3
60707	4
60155	3
60162	6
60130	1
60301	1
60154	21
60302	2
60634	3
60126	24
60304	2
60546	13
60513	11
60106	8
Total	115

Attachment 3C (TOTAL)**Pre-ESRD Patients**

Zip Code	Total
60160	2
60104	5
60164	3
60171	1
60153	3
60305	2
60163	3
60707	14
60155	3
60162	6
60130	1
60301	1
60154	21
60176	1
60302	3
60634	17
60126	24
60304	3
60546	13
60513	11
60106	8
Total	145

June 28, 2017

Kathryn J. Olson
Illinois Health Facilities and Service Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson,

On behalf of DuPage Medical Group, Ltd. ("DMG"), specifically Drs. Barakat, Delaney, Mataria, Rawal, Samad, and Shah, I am writing this letter in support of the Certificate of Need ("CON") application for the proposed Melrose Village Dialysis facility, located at 1985 North Mannheim Road, Melrose Park, Illinois 60160. The proposed facility will directly benefit our patients and improve access to dialysis services within the community for our growing practice.

Based on our records, we treated 68 end stage renal disease ("ESRD") patients in 2014, 84 ESRD patients in 2015, 164 ESRD patients in 2016, and 133 ESRD patients in the first quarter of 2017. (See Attachment 1). We referred 31 new patients for in-center hemodialysis in 2016 and 22 new patients in the first quarter of 2017. (See Attachment 2). We anticipate that 5 to 10% of our existing hemodialysis patients will no longer require dialysis within one year due to a change in their health status.

The above historical patterns primarily represent Drs. Barakat, Mataria, and Samad. Drs. Delaney, Rawal, and Shah have only recently started practicing and treating patients living within 30 minutes of the proposed facility. As such, it is anticipated that the practice referral volumes will expand as the patient base grows around Drs. Delaney, Rawal, and Shah.

Based on our records, there are 3,529 pre-ESRD patients of DMG who currently have Chronic Kidney Disease ("CKD") Stage 3, 4, or 5. For the purpose of this application, I have identified 115 patients who reside within 6 miles and under 30 minutes of the proposed facility. (See Attachment 3). We conservatively estimate that at least 54 patients of these patients will be treated by our practice, develop end stage renal disease, and require dialysis within the first 12 to 24 months following the proposed project's completion. We anticipate referring these 54 patients to the proposed Melrose Village Dialysis facility within the first two years following project completion.

In addition, utilization of dialysis facilities that have been operational for 2 years and located within 30 minutes of the proposed facility are at 74.1%, according to the March 31, 2017 census data.

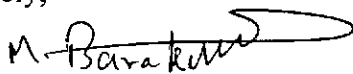
The large CKD population identified within DuPage Medical Group, Ltd.'s current patient base, the expected referral patterns for these patients, the significant utilization of nearby facilities, and the organic growth of the nephrology practice's patient population through our new physicians all demonstrate a considerable need and demand for the Melrose Village Dialysis facility.

We respectfully request the Board approve the Melrose Village Dialysis CON application so that the facility can provide In-Center Hemodialysis services for the ESRD population in the community. Thank you for your consideration.

CERTIFICATION

I hereby attest that, to the best of my knowledge, all the information in this letter is true and correct and that these patient referrals have not been used to support another pending or approved CON application.

Sincerely,



Mohamad B. Barakat, M.D.
Nephrologist, DuPage Medical Group
1100 W. 31st Street, Suite 300, Downers Grove, IL 60515

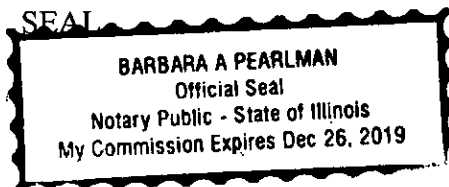
Notarization:

Subscribed and sworn to me this 21st day of June, 2017.



Signature of Notary

SEAL



Attachment 1
Historical Patient Utilization

Mount Greenwood Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zipcode	Pt Count	Zipcode	Pt Count
60406	2	65803	1	60628	15	60628	17
60409	1	60628	9	60406	7	60643	17
60419	1	60406	5	60472	2	60406	7
60453	3	60472	1	60643	14	60629	1
60459	1	60643	13	60803	3	60803	3
60469	1	60419	2	60636	3	60636	3
60477	1	60453	3	60655	1	60652	1
60617	1	67207	1	60805	1	60655	1
60619	1	60655	1	60617	1	60827	2
60620	3	60619	1	60620	3	60409	1
60628	17	60615	1	60453	5	60619	2
60636	1	60636	3	60827	2	60805	1
60643	14	60827	1	60478	1	60426	1
60655	2	60805	1	60419	1	60453	5
60803	4	60617	2	60619	3	60617	1
60805	2	60803	3	60652	1	60620	2
		60478	1			60419	1
		60620	3			60478	1
		60659	1			60472	1

Historical Patient Utilization

Hazel Crest Renal Center							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60628	1	60409	1	60409	1
						60827	1

Historical Patient Utilization

Olympia Fields Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60426	1	60429	1	60471	1	60443	1
60449	1	60447	1	60447	1	60827	1
		60471	1	60429	1	60447	1
		60827	1	60443	1	60429	1
				60827	1		

Historical Patient Utilization

Palos Park Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60415	1	60451	1	60462	3	60462	3
60451	1	60455	1	60451	1	60451	1
60455	1	60458	1	60453	1	60453	1
60458	1	60462	2	60467	1	60477	1
60462	3	60480	1	60463	1	60463	2
		60487	1				
		60655	1				

Historical Patient Utilization

Stony Creek Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60453	2	60453	1	60459	3	60482	1
60455	1	60455	1	60411	1	60459	2
60643	1	60459	2	60482	1	60628	1
		60628	1	60453	1	60453	1
		60636	1	60636	1	60643	1
				60455	2	60636	1
						60619	1
						60455	2

Historical Patient Utilization

Renal Center New Lenox							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60443	1	60443	1
				60441	1		

Historical Patient Utilization

Beverly Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60620	1	60620	1

Historical Patient Utilization

FMC Burbank Utilization							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60459	1	60426	4	60426	3
		60638	1	60455	4	60455	3
		60458	1	60459	6	60459	3
		60453	1	60501	6	60501	3
		60643	2	60638	2	60620	6
		60609	1	60652	1	60628	1
		60620	1	60609	2	60632	3
		60628	1	60620	12	60636	3
				60628	5	60652	1
				60632	6	60657	1
				60636	4	60827	3
				60652	5		
				60827	6		

Historical Patient Utilization

KIDNEY AND HYPERTENSION ASSOC.							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60620	1	NA	NA	NA	NA
		60643	1				

Historical Patient Utilization

FMC Mokena							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60463	1	60477	6	60477	3

Historical Patient Utilization

Fresenius Orland Park							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60477	2	60477	3

Historical Patient Utilization

Beverly Dialysis							
2014		2015		2016		END Q1 2017 (3/31)	
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA	60452	4	60452	3
				60643	1		

Attachment 2
New Patients

Mount Greenwood Dialysis			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60628	4	60643	5
60406	4	60628	3
60636	1	60406	1
60803	1	60137	1
60827	1	60652	1
60478	1		
60643	2		
60455	1		
60651	1		
60477	1		
60619	1		

New Patients

Hazel Crest Renal Center			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60409	1	60827	1

New Patients

Olympia Fields Dialysis			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60443	1	60443	1
		60477	1

New Patients

Palos Park Dialysis			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60467	2	60463	1
60462	1		
60478	1		

New Patients

Stony Creek Dialysis			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60459	2	60628	1
60411	1	60643	1
60482	1	60619	1
60455	1		

New Patients

Renal Center New Lenox			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
60441	1	NA	NA
60449	1		

New Patients

Beverly Dialysis			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	NA	NA

New Patients

FMC Naperville			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60540	1

New Patients

Alsip Dialysis			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60628	1
		60477	1

New Patients

US Renal Dialysis Bolingbrook			
2016		2017 YTD 3/31	
Zip Code	Pt Count	Zip Code	Pt Count
NA	NA	60564	1

Attachment 3A
Pre-ESRD Patients

Zip Code	Total
60106	1
60104	2
60707	10
60176	1
60302	1
60634	14
60304	1
Total	30

Attachment 3B
Pre-ESRD Patients

Zip Code	Total
60160	1
60104	3
60164	3
60171	1
60153	3
60305	2
60163	3
60707	4
60155	3
60162	6
60130	1
60301	1
60154	21
60302	2
60634	3
60126	24
60304	2
60546	13
60513	11
60106	8
Total	115

Attachment 3C (TOTAL)**Pre-ESRD Patients**

Zip Code	Total
60160	2
60104	5
60164	3
60171	1
60153	3
60305	2
60163	3
60707	14
60155	3
60162	6
60130	1
60301	1
60154	21
60176	1
60302	3
60634	17
60126	24
60304	3
60546	13
60513	11
60106	8
Total	145

Appendix 2 – Time & Distance Determination

Attached as Appendix 2 are the distance and normal travel time from all existing dialysis facilities in the GSA to the proposed facility, as determined by MapQuest.



Notes

FMC Rolling Meadows to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

18.80 miles / 23 minutes

- | | |
|--|--|
| <p>A 4180 Winnetka Ave, Rolling Meadows, IL 60008-1375</p> <p>1. Start out going west on Winnetka Ave toward Hicks Rd. Map</p> <p>2. Turn left onto Hicks Rd. Map</p> <p>3. Turn left onto Euclid Ave. Map</p> <p>4. Merge onto IL-53 S. Map</p> <p>5. Stay straight to go onto I-290 E. Map</p> <p>6. Keep right to take I-290 E toward Chicago. Map</p> <p>7. Merge onto US-20 E / IL-64 / E North Ave via EXIT 13A toward US-20 E / Lake St / I-294 N / Milwaukee. Map</p> <p>8. Turn slight left onto E North Ave / IL-64. Map</p> <p>9. Turn right onto N 38th Ave. Map</p> <p>10. Take the 1st right onto W North Ave. Map</p> <p>11. Turn right onto N Mannheim Rd / US-45 N / US-12 W. Map</p> <p>12. 1985 N MANNHEIM RD is on the right. Map</p> | <p>Download Free App</p> <p>0.05 Mi
0.05 Mi Total</p> <p>0.3 Mi
0.4 Mi Total</p> <p>0.01 Mi
0.4 Mi Total</p> <p>5.7 Mi
6.1 Mi Total</p> <p>2.5 Mi
8.6 Mi Total</p> <p>7.1 Mi
15.7 Mi Total</p> <p>0.5 Mi
16.2 Mi Total</p> <p>2.2 Mi
18.4 Mi Total</p> <p>0.02 Mi
18.4 Mi Total</p> <p>0.2 Mi
18.6 Mi Total</p> <p>0.2 Mi
18.8 Mi Total</p> |
|--|--|

B 1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 18.80 miles - about 23 minutes

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Notes

Arlington Heights Renal Center to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

15.21 miles / 23 minutes

- | | | Download
Free App |
|----------|--|--------------------------|
| A | 17 W Golf Rd, Arlington Heights, IL 60005-3905 | |
| ● | 1. Start out going east on W Golf Rd / IL-58 toward S Arlington Heights Rd. Map | 0.05 Mi
0.05 Mi Total |
| ➡ | 2. Take the 1st right onto S Arlington Heights Rd. Map | 0.5 Mi
0.5 Mi Total |
| ⬅ | 3. Turn left onto W Algonquin Rd / IL-62. Map | 1.3 Mi
1.9 Mi Total |
| ➡ | 4. Turn right onto S Busse Rd. Map | 3.7 Mi
5.5 Mi Total |
| ⬆ | 5. S Busse Rd becomes IL-83 S. Map | 3.4 Mi
8.9 Mi Total |
| ⬆⬆ | 6. Merge onto I-290 E toward Chicago. Map | 3.2 Mi
12.1 Mi Total |
| | 7. Merge onto US-20 E / IL-64 / E North Ave via EXIT 13A toward US-20 E / Lake St / I-294 N / Milwaukee. Map | 0.5 Mi
12.6 Mi Total |
| ⬅ | 8. Turn slight left onto E North Ave / IL-64. Map | 2.2 Mi
14.8 Mi Total |
| ➡ | 9. Turn right onto N 38th Ave. Map | 0.02 Mi
14.8 Mi Total |
| ➡ | 10. Take the 1st right onto W North Ave. Map | 0.2 Mi
15.0 Mi Total |
| ➡ | 11. Turn right onto N Mannheim Rd / US-45 N / US-12 W. Map | 0.2 Mi
15.2 Mi Total |
| ■ | 12. 1985 N MANNHEIM RD is on the right. Map | |

B **1985 N Mannheim Rd, Melrose Park, IL 60160-1012**

Total Travel Estimate: 15.21 miles - about 23 minutes

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Notes















FMC Summit to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

11.35 miles / 26 minutes

- | | | Download
Free App |
|---|--|--------------------------|
|  | A 7319 Archer Ave, Summit Argo, IL 60501 | |
|  | 1. Start out going east on Archer Ave toward S 73rd Ave. Map | 0.03 Mi
0.03 Mi Total |
|  | 2. Make a U-turn at S 73rd Ave onto Archer Ave. Map | 0.3 Mi
0.4 Mi Total |
|  | 3. Stay straight to go onto IL-171 / State Route 171. Continue to follow IL-171. Map | 2.5 Mi
2.9 Mi Total |
|  | 4. Turn left onto Ogden Ave / US-34 W. Map | 0.5 Mi
3.4 Mi Total |
|  | 5. Turn right onto Prairie Ave. Map | 0.4 Mi
3.8 Mi Total |
|  | 6. Turn slight left onto Grand Blvd. Map | 0.5 Mi
4.3 Mi Total |
|  | 7. Enter next roundabout and take the 3rd exit onto Maple Ave. Map | 1.3 Mi
5.6 Mi Total |
|  | 8. Maple Ave becomes S 17th Ave. Map | 2.3 Mi
7.9 Mi Total |
|  | 9. Turn left onto Madison St. Map | 0.1 Mi
8.0 Mi Total |
|  | 10. Turn right onto S 19th Ave. Map | 1.0 Mi
9.0 Mi Total |
|  | 11. Turn left onto W Lake St. Map | 1.4 Mi
10.4 Mi Total |
|  | 12. Turn right onto US-45 N / US-12 W / N Mannheim Rd. Map | 0.9 Mi
11.4 Mi Total |
|  | 13. 1985 N MANNHEIM RD is on the right. Map | |

B 1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 11.35 miles - about 26 minutes



Notes

Loyola Dialysis Center to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

5.05 miles / 12 minutes



1201 W Roosevelt Rd, Maywood, IL 60153-4046

Download
Free App



1. Start out going west on W Roosevelt Rd toward S 13th Ave. [Map](#)

0.3 Mi

0.3 Mi Total



2. Turn right onto S 17th Ave. [Map](#)

0.5 Mi

0.8 Mi Total



3. Turn left onto Harrison St. [Map](#)

0.1 Mi

0.9 Mi Total



4. Merge onto I-290 W / Chicago-Kansas City Expressway W / Eisenhower Expy W. [Map](#)

1.0 Mi

1.9 Mi Total



5. Take the US-12 / US-20 / US-45 / Mannheim Rd exit, EXIT 17. [Map](#)

0.4 Mi

2.3 Mi Total



6. Turn right onto N Mannheim Rd / US-45 N / US-20 W / US-12 W. Continue to follow N Mannheim Rd / US-45 N / US-12 W. [Map](#)

2.7 Mi

5.0 Mi Total



7. 1985 N MANNHEIM RD is on the right. [Map](#)



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 5.05 miles - about 12 minutes

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Notes

FMC Melrose Park to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

3.18 miles / 9 minutes

- | | | Download
Free App |
|----------|---|--------------------------|
| A | 1111 Superior St, Melrose Park, IL 60160-4137 | |
| ● | 1. Start out going east on Superior St toward N 11th Ave. Map | 0.02 Mi
0.02 Mi Total |
| ↩ | 2. Turn left onto N 11th Ave. Map | 0.06 Mi
0.08 Mi Total |
| ↩ | 3. Turn left onto Chicago Ave. Map | 0.2 Mi
0.3 Mi Total |
| ➡ | 4. Turn right onto N 15th Ave. Map | 0.5 Mi
0.8 Mi Total |
| ↩ | 5. Turn left onto Division St. Map | 0.6 Mi
1.5 Mi Total |
| ➡ | 6. Turn right onto N 25th Ave. Map | 0.5 Mi
2.0 Mi Total |
| ↩ | 7. Take the 2nd left onto W North Ave / IL-64. Map | 0.8 Mi
2.8 Mi Total |
| ➡ | 8. Turn slight right onto ramp. Map | 0.03 Mi
2.8 Mi Total |
| ↑ | 9. Stay straight to go onto W North Ave. Map | 0.2 Mi
3.0 Mi Total |
| ➡ | 10. Turn right onto N Mannheim Rd / US-45 N / US-12 W. Map | 0.2 Mi
3.2 Mi Total |
| ■ | 11. 1985 N MANNHEIM RD is on the right. Map | |

B **1985 N Mannheim Rd, Melrose Park, IL 60160-1012**

Total Travel Estimate: 3.18 miles - about 9 minutes

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Notes

FMC - Dialysis Center of America - Berwyn to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

8.76 miles / 21 minutes



2601 S Harlem Ave, Berwyn, IL 60402-2100

Download
Free App



1. Start out going north on Harlem Ave / IL-43 toward 26th St. [Map](#)

0.5 Mi

0.5 Mi Total



2. Turn left onto W Cermak Rd. [Map](#)

1.2 Mi

1.8 Mi Total



3. Turn slight right onto 1st Avenue Cutoff. [Map](#)

0.3 Mi

2.1 Mi Total



4. Turn slight right onto S 1st Ave / IL-171. [Map](#)

1.4 Mi

3.5 Mi Total



5. Turn left onto Harrison St. [Map](#)

0.05 Mi

3.5 Mi Total



6. Merge onto I-290 W / Chicago-Kansas City Expressway W / Eisenhower Expy W via the ramp on the left. [Map](#)

2.1 Mi

5.6 Mi Total



7. Take the US-12 / US-20 / US-45 / Mannheim Rd exit, EXIT 17. [Map](#)

0.4 Mi

6.0 Mi Total



8. Turn right onto N Mannheim Rd / US-45 N / US-20 W / US-12 W. Continue to follow N Mannheim Rd / US-45 N / US-12 W. [Map](#)

2.7 Mi

8.8 Mi Total



9. 1985 N MANNHEIM RD is on the right. [Map](#)



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 8.76 miles - about 21 minutes

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Notes

Maple Avenue Kidney Center to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

7.14 miles / 15 minutes



610 S Maple Ave, Oak Park, IL 60304-1003

Download
Free App



1. Start out going south on S Maple Ave toward Adams St. [Map](#)

0.1 Mi

0.1 Mi Total



2. Turn right onto Jackson Blvd. [Map](#)

0.05 Mi

0.2 Mi Total



3. Take the 1st left onto Harlem Ave / IL-43. [Map](#)

0.2 Mi

0.3 Mi Total



4. Merge onto I-290 W / Chicago-Kansas City Expressway W / Eisenhower Expy W. [Map](#)

3.7 Mi

4.0 Mi Total



5. Take the US-12 / US-20 / US-45 / Mannheim Rd exit, EXIT 17. [Map](#)

0.4 Mi

4.4 Mi Total



6. Turn right onto N Mannheim Rd / US-45 N / US-20 W / US-12 W. Continue to follow N Mannheim Rd / US-45 N / US-12 W. [Map](#)

2.7 Mi

7.1 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 7.14 miles - about 15 minutes

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Notes

FMC North Avenue to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

2.43 miles / 9 minutes



719 W North Ave, Melrose Park, IL 60160-1612

Download
Free App



1. Start out going west on W North Ave / IL-64 toward N 9th Ave. [Map](#)

2.1 Mi

2.1 Mi Total



2. Turn slight right onto ramp. [Map](#)

0.03 Mi

2.1 Mi Total



3. Stay straight to go onto W North Ave. [Map](#)

0.2 Mi

2.2 Mi Total



4. Turn right onto N Mannheim Rd / US-45 N / US-12 W. [Map](#)

0.2 Mi

2.4 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 2.43 miles - about 9 minutes

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Notes

FMC River Forest to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

4.71 miles / 13 minutes



103 Forest Ave, River Forest, IL 60305-2003

Download
Free App



1. Start out going north on Forest Ave toward Washington Blvd. [Map](#)

0.09 Mi

0.09 Mi Total



2. Turn left onto Washington Blvd. [Map](#)

0.7 Mi

0.8 Mi Total



3. Turn right onto S 1st Ave / IL-171. [Map](#)

0.4 Mi

1.2 Mi Total



4. Turn left onto Lake St. [Map](#)

2.6 Mi

3.8 Mi Total



5. Turn right onto US-45 N / US-12 W / N Mannheim Rd. [Map](#)

0.9 Mi

4.7 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 4.71 miles - about 13 minutes

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Notes

FMC Northwest to proposed site



Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

6.37 miles / 15 minutes



4701 N Cumberland Ave, Norridge, IL 60706-2905

Download
Free App



1. Start out going north on N Cumberland Ave / IL-171. [Map](#)

0.08 Mi

0.08 Mi Total



2. Turn left onto W Lawrence Ave. [Map](#)

2.1 Mi

2.2 Mi Total



3. Turn left onto Mannheim Rd / US-45 S / US-12 E. [Map](#)

4.1 Mi

6.3 Mi Total



4. Make a U-turn onto N Mannheim Rd / US-45 N / US-12 W. [Map](#)

0.1 Mi

6.4 Mi Total



5. 1985 N MANNHEIM RD is on the right. [Map](#)



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 6.37 miles - about 15 minutes

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Notes

Resurrection Medical Center to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

9.95 miles / 18 minutes

- | | | Download
Free App |
|--|---|--------------------------------|
| | 7435 W Talcott Ave, Chicago, IL 60631-3707 | |
| | 1. Start out going southeast on W Talcott Ave toward N Oketo Ave. Map | 0.3 Mi
0.3 Mi Total |
| | 2. Turn right onto N Harlem Ave / IL-43. Map | 0.2 Mi
0.6 Mi Total |
| | 3. Take the 3rd right onto W Bryn Mawr Ave. Map | 0.01 Mi
0.6 Mi Total |
| | 4. Merge onto I-90 W / Kennedy Expy W via the ramp on the left. Map | 2.1 Mi
2.7 Mi Total |
| | 5. Keep right to take I-190 W / Kennedy Expy W via EXIT 78 toward Tollway / I-294 S / Indiana / O'Hare. Map | 1.7 Mi
4.4 Mi Total |
| | 6. Merge onto US-45 S / US-12 E / Mannheim Rd via EXIT 2B. Map | 5.5 Mi
9.8 Mi Total |
| | 7. Make a U-turn onto N Mannheim Rd / US-45 N / US-12 W. Map | 0.1 Mi
10.0 Mi Total |
| | 8. 1985 N MANNHEIM RD is on the right. Map | |
| | 1985 N Mannheim Rd, Melrose Park, IL 60160-1012 | |

Total Travel Estimate: **9.95 miles - about 18 minutes**

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Notes










FMC Oak Park to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

7.86 miles / 17 minutes

- | | | |
|---|--|--|
|  | A 733 Madison St, Oak Park, IL 60302-4419 | Download
Free App |
|  | 1. Start out going east on Madison St toward S Euclid Ave. Map | 0.03 Mi
<i>0.03 Mi Total</i> |
|  | 2. Make a U-turn at S Euclid Ave onto Madison St. Map | 0.6 Mi
<i>0.6 Mi Total</i> |
|  | 3. Turn left onto Harlem Ave / IL-43. Map | 0.3 Mi
<i>1.0 Mi Total</i> |
|  | 4. Take I-290 W / Chicago-Kansas City Expressway W / Eisenhower Expy W. Map | 3.7 Mi
<i>4.7 Mi Total</i> |
|  | 5. Take the US-12 / US-20 / US-45 / Mannheim Rd exit, EXIT 17. Map | 0.4 Mi
<i>5.1 Mi Total</i> |
|  | 6. Turn right onto N Mannheim Rd / US-45 N / US-20 W / US-12 W. Continue to follow N Mannheim Rd / US-45 N / US-12 W. Map | 2.7 Mi
<i>7.9 Mi Total</i> |
|  | 7. 1985 N MANNHEIM RD is on the right. Map | |
|  | B 1985 N Mannheim Rd, Melrose Park, IL 60160-1012 | |

Total Travel Estimate: 7.86 miles - about 17 minutes

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Notes

West Suburban Hospital to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

6.81 miles / 18 minutes



518 N Austin Blvd, STE 5000, Oak Park, IL 60302-2947

Download
Free App



1. Start out going north on N Austin Blvd toward W Erie St. [Map](#)

0.2 Mi

0.2 Mi Total



2. Turn left onto Chicago Ave. [Map](#)

4.1 Mi

4.3 Mi Total



3. Turn left onto N 17th Ave. [Map](#)

0.03 Mi

4.3 Mi Total



4. Take the 1st right onto W Lake St. [Map](#)

1.6 Mi

5.9 Mi Total



5. Turn right onto US-45 N / US-12 W / N Mannheim Rd. [Map](#)

0.9 Mi

6.8 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 6.81 miles - about 18 minutes

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Notes

FMC Austin Community Kidney Center to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

8.07 miles / 22 minutes



4800 W Chicago Ave, 2a, Chicago, IL 60651-3223

Download
Free App



1. Start out going west on W Chicago Ave toward N Lamon Ave. [Map](#)

5.6 Mi

5.6 Mi Total



2. Turn left onto N 17th Ave. [Map](#)

0.03 Mi

5.6 Mi Total



3. Take the 1st right onto W Lake St. [Map](#)

1.6 Mi

7.2 Mi Total



4. Turn right onto US-45 N / US-12 W / N Mannheim Rd. [Map](#)

0.9 Mi

8.1 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 8.07 miles - about 22 minutes

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Notes

Monteclare Dialysis Center to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

6.32 miles / 17 minutes



7009 W Belmont Ave, Chicago, IL 60634-4533

Download
Free App



1. Start out going west on W Belmont Ave toward N Nordica Ave. [Map](#)

3.3 Mi
3.3 Mi Total



2. Turn left onto Rose St. [Map](#)

1.0 Mi
4.3 Mi Total



3. Turn right onto W Fullerton Ave. [Map](#)

1.0 Mi
5.3 Mi Total



4. Turn left onto N Mannheim Rd / US-45 S / US-12 E. [Map](#)

0.9 Mi
6.2 Mi Total



5. Make a U-turn onto N Mannheim Rd / US-45 N / US-12 W. [Map](#)

0.1 Mi
6.3 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 6.32 miles - about 17 minutes

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Notes

FMC North Kilpatrick to proposed site



Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

12.87 miles / 26 minutes



4800 N Kilpatrick Ave, Chicago, IL 60630-4028

Download
Free App



1. Start out going south on N Kilpatrick Ave toward W Lawrence Ave. [Map](#)

0.01 Mi

0.01 Mi Total



2. Turn right onto W Lawrence Ave. [Map](#)

0.5 Mi

0.5 Mi Total



3. Merge onto I-90 W / Kennedy Expy W. [Map](#)

5.1 Mi

5.6 Mi Total



4. Keep right to take I-190 W / Kennedy Expy W via EXIT 78 toward Tollway / I-294 S / Indiana / O'Hare. [Map](#)

1.7 Mi

7.3 Mi Total



5. Merge onto US-45 S / US-12 E / Mannheim Rd via EXIT 2B. [Map](#)

5.5 Mi

12.8 Mi Total



6. Make a U-turn onto N Mannheim Rd / US-45 N / US-12 W. [Map](#)

0.1 Mi

12.9 Mi Total



7. 1985 N MANNHEIM RD is on the right. [Map](#)



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 12.87 miles - about 26 minutes

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Notes

FMC Des Plaines to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

8.75 miles / 18 minutes



1625 E Oakton St, Des Plaines, IL 60018-2107

Download
Free App



1. Start out going **west** on **E Oakton St** toward **White St**. [Map](#)

0.4 Mi

0.4 Mi Total



2. Turn **left** onto **Bittersweet Ct**. [Map](#)

0.2 Mi

0.6 Mi Total



3. Turn **left** onto **Mannheim Rd / US-45 S / US-12 E**. [Map](#)

8.1 Mi

8.6 Mi Total



4. Make a **U-turn** onto **N Mannheim Rd / US-45 N / US-12 W**. [Map](#)

0.1 Mi

8.8 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 8.75 miles - about 18 minutes

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Notes












USRC Oak Brook to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

11.22 miles / 16 minutes

- A** **1201 Butterfield Rd, #B, Downers Grove, IL 60515-1032** Download Free App
-  1. Start out going east on Butterfield Rd toward County Hwy-9 / Highland Ave. [Map](#) 0.3 Mi
0.3 Mi Total
 -  2. Take the 1st right onto Highland Ave / County Hwy-9. [Map](#) 0.1 Mi
0.5 Mi Total
 -   3. Merge onto I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E via the ramp on the left toward Chicago (Portions toll). [Map](#) 4.3 Mi
4.7 Mi Total
 -   4. Keep left to take I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E toward I-290 / Chicago / Rockford / I-294 N / O'Hare / Milwaukee (Portions toll). [Map](#) 1.9 Mi
6.6 Mi Total
 -  5. Take the US-12 / US-45 / Mannheim Rd / I-290 E / US-20 exit toward Chicago. [Map](#) 1.3 Mi
7.9 Mi Total
 -  6. Keep left at the fork in the ramp. [Map](#) 0.3 Mi
8.2 Mi Total
 -   7. Merge onto US-45 N / US-12 W / S Mannheim Rd via EXIT 17B. [Map](#) 3.0 Mi
11.2 Mi Total
 -  8. 1985 N MANNHEIM RD is on the right. [Map](#)

B **1985 N Mannheim Rd, Melrose Park, IL 60160-1012**

Total Travel Estimate: 11.22 miles - about 16 minutes

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Notes

FMC Downers Grove to proposed site



Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

11.67 miles / 16 minutes



3825 Highland Ave, SUITE 102, Downers Grove, IL 60515

Download
Free App



1. Start out going north on Highland Ave / County Hwy-9 toward Black Oak Dr. [Map](#)

0.9 Mi

0.9 Mi Total



2. Merge onto I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E toward Chicago (Portions toll). [Map](#)

4.3 Mi

5.2 Mi Total



3. Keep left to take I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E toward I-290 / Chicago / Rockford / I-294 N / O'Hare / Milwaukee (Portions toll). [Map](#)

1.9 Mi

7.1 Mi Total



4. Take the US-12 / US-45 / Mannheim Rd / I-290 E / US-20 exit toward Chicago. [Map](#)

1.3 Mi

8.3 Mi Total



5. Keep left at the fork in the ramp. [Map](#)

0.3 Mi

8.7 Mi Total



6. Merge onto US-45 N / US-12 W / S Mannheim Rd via EXIT 17B. [Map](#)

3.0 Mi

11.7 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 11.67 miles - about 16 minutes

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Notes

FMC Willowbrook to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

13.12 miles / 19 minutes

- | | | Download
Free App |
|----------|---|--------------------------|
| A | 6300 Kingery Hwy, Willowbrook, IL 60527-2203 | |
| ● | 1. Start out going south on Kingery Hwy / IL-83 toward Lake Hinsdale Dr. Map | 0.04 Mi
0.04 Mi Total |
| ➤ | 2. Take the 1st right onto Lake Hinsdale Dr. Map | 0.03 Mi
0.07 Mi Total |
| ➤ | 3. Turn right to stay on Lake Hinsdale Dr. Map | 0.2 Mi
0.2 Mi Total |
| ➤ | 4. Take the 1st right to stay on Lake Hinsdale Dr. Map | 0.03 Mi
0.3 Mi Total |
| ➤ | 5. Take the 1st right onto 63rd St. Map | 0.1 Mi
0.4 Mi Total |
| ⬅ | 6. Turn left onto Kingery Hwy / IL-83. Continue to follow IL-83. Map | 4.7 Mi
5.1 Mi Total |
| ⬆ | 7. Merge onto I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E toward Chicago (Portions toll). Map | 1.5 Mi
6.6 Mi Total |
| ⬆ | 8. Keep left to take I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E toward I-290 / Chicago / Rockford / I-294 N / O'Hare / Milwaukee (Portions toll). Map | 1.9 Mi
8.5 Mi Total |
| EXIT | 9. Take the US-12 / US-45 / Mannheim Rd / I-290 E / US-20 exit toward Chicago. Map | 1.3 Mi
9.8 Mi Total |
| ⬆ | 10. Keep left at the fork in the ramp. Map | 0.3 Mi
10.1 Mi Total |
| 17B | 11. Merge onto US-45 N / US-12 W / S Mannheim Rd via EXIT 17B. Map | 3.0 Mi
13.1 Mi Total |
| ■ | 12. 1985 N MANNHEIM RD is on the right. Map | |

B **1985 N Mannheim Rd, Melrose Park, IL 60160-1012**

Total Travel Estimate: 13.12 miles - about 19 minutes

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Notes

FMC Glendale Heights to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

10.64 miles / 18 minutes



520 E North Ave, Glendale Heights, IL 60139-3412

Download
Free App



1. Start out going west on E North Ave / IL-64 toward Pearl Ave. [Map](#)

0.3 Mi

0.3 Mi Total



2. Make a U-turn at Pearl Ave onto E North Ave / IL-64. [Map](#)

9.9 Mi

10.2 Mi Total



3. Turn right onto N 38th Ave. [Map](#)

0.02 Mi

10.2 Mi Total



4. Take the 1st right onto W North Ave. [Map](#)

0.2 Mi

10.4 Mi Total



5. Turn right onto N Mannheim Rd / US-45 N / US-12 W. [Map](#)

0.2 Mi

10.6 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: **10.64 miles - about 18 minutes**

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Notes















FMC Schaumburg to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

15.94 miles / 21 minutes

- | | | Download
Free App |
|---|--|--------------------------|
|  | A 825 W Wise Rd, Schaumburg, IL 60193-3819 | |
|  | 1. Start out going east on W Wise Rd toward Aegean Dr. Map | 1.0 Mi
1.0 Mi Total |
|  | 2. Turn right onto S Roselle Rd. Map | 0.8 Mi
1.8 Mi Total |
|  | 3. Turn left to take the ELGIN-O'HARE EXPRESSWAY E ramp. Map | 0.3 Mi
2.1 Mi Total |
|  | 4. Merge onto IL-390 E / Elgin Ohare Expy E (Portions toll). Map | 2.5 Mi
4.6 Mi Total |
|  | 5. Merge onto I-290 E toward Chicago / I-355 S. Map | 1.1 Mi
5.7 Mi Total |
|  | 6. Keep right to take I-290 E toward Chicago. Map | 7.1 Mi
12.8 Mi Total |
|  | 7. Merge onto US-20 E / IL-64 / E North Ave via EXIT 13A toward US-20 E / Lake St / I-294 N / Milwaukee. Map | 0.5 Mi
13.3 Mi Total |
|  | 8. Turn slight left onto E North Ave / IL-64. Map | 2.2 Mi
15.5 Mi Total |
|  | 9. Turn right onto N 38th Ave. Map | 0.02 Mi
15.5 Mi Total |
|  | 10. Take the 1st right onto W North Ave. Map | 0.2 Mi
15.7 Mi Total |
|  | 11. Turn right onto N Mannheim Rd / US-45 N / US-12 W. Map | 0.2 Mi
15.9 Mi Total |
|  | 12. 1985 N MANNHEIM RD is on the right. Map | |
|  | B 1985 N Mannheim Rd, Melrose Park, IL 60160-1012 | |

Total Travel Estimate: 15.94 miles - about 21 minutes

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Notes

Schaumburg Renal Center to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

14.95 miles / 19 minutes



1156 S Roselle Rd, Schaumburg, IL 60193-4072

Download
Free App



1. Start out going south on S Roselle Rd toward W Wise Rd. [Map](#)

0.8 Mi

0.8 Mi Total



2. Turn left to take the ELGIN-O'HARE EXPRESSWAY E ramp. [Map](#)

0.3 Mi

1.1 Mi Total



3. Merge onto IL-390 E / Elgin Ohare Expy E (Portions toll). [Map](#)

2.5 Mi

3.7 Mi Total



4. Merge onto I-290 E toward Chicago / I-355 S. [Map](#)

1.1 Mi

4.8 Mi Total



5. Keep right to take I-290 E toward Chicago. [Map](#)

7.1 Mi

11.8 Mi Total



6. Merge onto US-20 E / IL-64 / E North Ave via EXIT 13A toward US-20 E / Lake St / I-294 N / Milwaukee. [Map](#)

0.5 Mi

12.3 Mi Total



7. Turn slight left onto E North Ave / IL-64. [Map](#)

2.2 Mi

14.5 Mi Total



8. Turn right onto N 38th Ave. [Map](#)

0.02 Mi

14.5 Mi Total



9. Take the 1st right onto W North Ave. [Map](#)

0.2 Mi

14.7 Mi Total



10. Turn right onto N Mannheim Rd / US-45 N / US-12 W. [Map](#)

0.2 Mi

14.9 Mi Total



11. 1985 N MANNHEIM RD is on the right. [Map](#)



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 14.95 miles - about 19 minutes

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Notes

FMC Lombard to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

12.85 miles / 19 minutes



1940 Springer Dr, Lombard, IL 60148-6417

Download
Free App



1. Start out going south on Springer Dr toward Foxworth Blvd. [Map](#)

0.1 Mi
0.1 Mi Total



2. Take the 1st left onto Foxworth Blvd. [Map](#)

0.1 Mi
0.3 Mi Total



3. Turn right onto S Finley Rd. [Map](#)

0.9 Mi
1.2 Mi Total



4. Turn left onto Butterfield Rd / IL-56. [Map](#)

0.4 Mi
1.6 Mi Total



5. Turn slight right onto ramp. [Map](#)

0.2 Mi
1.8 Mi Total



6. Keep right at the fork in the ramp. [Map](#)

0.1 Mi
1.9 Mi Total



7. Turn right onto County Hwy-9 / Highland Ave. [Map](#)

0.2 Mi
2.1 Mi Total



8. Merge onto I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E via the ramp on the left toward Chicago (Portions toll). [Map](#)

4.3 Mi
6.4 Mi Total



9. Keep left to take I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E toward I-290 / Chicago / Rockford / I-294 N / O'Hare / Milwaukee (Portions toll). [Map](#)

1.9 Mi
8.2 Mi Total



10. Take the US-12 / US-45 / Mannheim Rd / I-290 E / US-20 exit toward Chicago. [Map](#)

1.3 Mi
9.5 Mi Total



11. Keep left at the fork in the ramp. [Map](#)

0.3 Mi
9.8 Mi Total



12. Merge onto US-45 N / US-12 W / S Mannheim Rd via EXIT 17B. [Map](#)

3.0 Mi
12.8 Mi Total



13. 1985 N MANNHEIM RD is on the right. [Map](#)



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 12.85 miles - about 19 minutes



Notes

FMC Elk Grove to proposed site



Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

12.96 miles / 17 minutes



901 Biesterfield Rd, SUITE 400, Elk Grove Village, IL 60007-3354

Download
Free App



1. Start out going east on Biesterfield Rd toward Beisner Rd. [Map](#)

0.04 Mi

0.04 Mi Total



2. Make a U-turn at Beisner Rd onto Biesterfield Rd. [Map](#)

0.5 Mi

0.5 Mi Total



3. Merge onto I-290 E via the ramp on the left toward Chicago. [Map](#)

2.2 Mi

2.8 Mi Total



4. Keep right to take I-290 E toward Chicago. [Map](#)

7.1 Mi

9.8 Mi Total



5. Merge onto US-20 E / IL-64 / E North Ave via EXIT 13A toward US-20 E / Lake St / I-294 N / Milwaukee. [Map](#)

0.5 Mi

10.3 Mi Total



6. Turn slight left onto E North Ave / IL-64. [Map](#)

2.2 Mi

12.5 Mi Total



7. Turn right onto N 38th Ave. [Map](#)

0.02 Mi

12.6 Mi Total



8. Take the 1st right onto W North Ave. [Map](#)

0.2 Mi

12.7 Mi Total



9. Turn right onto N Mannheim Rd / US-45 N / US-12 W. [Map](#)

0.2 Mi

13.0 Mi Total



10. 1985 N MANNHEIM RD is on the right. [Map](#)



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 12.96 miles - about 17 minutes

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Notes

NxStage Oak Brook to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

7.77 miles / 13 minutes



1600 16th St, Oak Brook, IL 60523-1358

Download
Free App



1. Start out going east on 16th St toward State Route 83 / IL-83. [Map](#)

0.06 Mi
0.06 Mi Total



2. Turn left onto IL-83 / State Route 83. [Map](#)

0.07 Mi
0.1 Mi Total



3. Merge onto IL-56 E / Butterfield Rd toward IL-38 E / Roosevelt Rd. [Map](#)

0.4 Mi
0.5 Mi Total



4. Merge onto Roosevelt Rd / IL-38 E. [Map](#)

1.6 Mi
2.1 Mi Total



5. Merge onto I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E toward I-290 E / Eisenhower Expy / Chicago Loop. [Map](#)

1.0 Mi
3.2 Mi Total



6. Take the US-12 / US-45 / Mannheim Rd / I-290 E / US-20 exit toward Chicago. [Map](#)

1.3 Mi
4.5 Mi Total



7. Keep left at the fork in the ramp. [Map](#)

0.3 Mi
4.8 Mi Total



8. Merge onto US-45 N / US-12 W / S Mannheim Rd via EXIT 17B. [Map](#)

3.0 Mi
7.8 Mi Total



9. 1985 N MANNHEIM RD is on the right. [Map](#)



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 7.77 miles - about 13 minutes

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Notes

Nocturnal Dialysis Spa to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

8.45 miles / 13 minutes



[1554 - 1598] S Ardmore Ave, Villa Park, IL 60181-3406

Download
Free App



1. Start out going south on S Ardmore Ave toward IL-38 / W Roosevelt Rd. [Map](#)

0.04 Mi

0.04 Mi Total



2. Take the 1st left onto IL-38 / E Roosevelt Rd. [Map](#)

2.8 Mi

2.8 Mi Total



3. Merge onto I-88 E / Chicago-Kansas City Expressway E / Ronald Reagan Memorial Tollway E toward I-290 E / Eisenhower Expy / Chicago Loop. [Map](#)

1.0 Mi

3.8 Mi Total



4. Take the US-12 / US-45 / Mannheim Rd / I-290 E / US-20 exit toward Chicago. [Map](#)

1.3 Mi

5.1 Mi Total



5. Keep left at the fork in the ramp. [Map](#)

0.3 Mi

5.4 Mi Total



6. Merge onto US-45 N / US-12 W / S Mannheim Rd via EXIT 17B. [Map](#)

3.0 Mi

8.5 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 8.45 miles - about 13 minutes

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Notes

USRC Villa Park to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

5.30 miles / 10 minutes



200 E North Ave, Villa Park, IL 60181-1221

Download
Free App



1. Start out going west on E North Ave / IL-64 toward N Ellsworth Ave / S Ellsworth Ave. [Map](#)

0.04 Mi

0.04 Mi Total



2. Make a U-turn at N Ellsworth Ave onto E North Ave / IL-64. [Map](#)

4.8 Mi

4.9 Mi Total



3. Turn right onto N 38th Ave. [Map](#)

0.02 Mi

4.9 Mi Total



4. Take the 1st right onto W North Ave. [Map](#)

0.2 Mi

5.1 Mi Total



5. Turn right onto N Mannheim Rd / US-45 N / US-12 W. [Map](#)

0.2 Mi

5.3 Mi Total



6. 1985 N MANNHEIM RD is on the right. [Map](#)



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 5.30 miles - about 10 minutes

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Notes

FMC Elmhurst to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

5.55 miles / 11 minutes



133 E Brush Hill Rd, Elmhurst, IL 60126-5659

Download
Free App



1. Start out going east on E Brush Hill Rd toward Fronza Pkwy. [Map](#)

0.3 Mi
0.3 Mi Total



2. Turn left onto S York St. [Map](#)

0.5 Mi
0.8 Mi Total



3. Turn right onto E Butterfield Rd / IL-56. Continue to follow IL-56. [Map](#)

2.7 Mi
3.6 Mi Total



4. Turn left onto N Mannheim Rd / US-45 N / US-20 W / US-12 W. Continue to follow N Mannheim Rd / US-45 N / US-12 W. [Map](#)

2.0 Mi
5.6 Mi Total



5. 1985 N MANNHEIM RD is on the right. [Map](#)



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: **5.55 miles - about 11 minutes**

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Notes

FMC LaGrange to proposed site

Trip to:

1985 N Mannheim Rd

Melrose Park, IL 60160-1012

5.33 miles / 11 minutes



2400 S Wolf Rd, SUITE 101A, Westchester, IL 60154

Download
Free App



1. Start out going north on S Wolf Rd toward Westbrook Corporate Ctr. [Map](#)

2.3 Mi

2.3 Mi Total



2. Turn right onto Butterfield Rd / IL-56. Continue to follow IL-56. [Map](#)

1.0 Mi

3.3 Mi Total



3. Turn left onto N Mannheim Rd / US-45 N / US-20 W / US-12 W. Continue to follow N Mannheim Rd / US-45 N / US-12 W. [Map](#)

2.0 Mi

5.3 Mi Total



1985 N Mannheim Rd, Melrose Park, IL 60160-1012

Total Travel Estimate: 5.33 miles - about 11 minutes

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